

MONTHLY STATEMENT OF INCOME AND EXPENDITURE OF MEMBER/DEPENDANT

Please note: Non-disclosure or false information could result in cancellation of the membership of both the dependant and the principal member.

Name of principal member	<input type="text"/>
Medical scheme	<input type="text"/>
Membership number	<input type="text"/>
Name of dependant	<input type="text"/>
Residential address of dependant	<input type="text"/>

Income	Member	Spouse
Salary	R	
Commission	R	
Investment income	R	
Pension	R	
Retirement annuities	R	
Contribution by principal member	R	
Foreign income	R	
Other income (please specify)		
.....	R	
.....	R	
.....	R	
Income	R	

Expenditure	
Groceries	R
Entertainment	R
Telephone	R
Medical Expenses	R
Rent/rates/electricity/water	R
Transport	R
Clothing	R
Maid/ gardener	R
Instalment sales/leases	R
Income tax	R
Other expenses (please specify)	
.....	R
.....	R
Expenditure	R
Net Income (Expenditure)	R

I hereby certify that the above information is complete and an accurate record.

Signature of Deponent (Dependant)

Signed and sworn to before me at _____ on this the _____ day of _____ 20 _____. The deponent having acknowledged that he/she knows and understands the contents of this affidavit, has no objection to taking the prescribed oath and considers the oath binding on his/her conscience.

Commissioner of Oaths

Date

STATEMENT OF ASSETS AND LIABILITIES OF MEMBER/DEPENDANT AT (insert date) _____ .

Please note: Non-disclosure or false information could result in cancellation of the membership of both the dependant and the principal member.

Name of principal member

Medical scheme

Membership number

Name of dependant

Residential address of dependant

Liabilities	
Mortgage bond	R
Banks	R
Instalment sales/leases	R
Sundry creditors	R
Income tax	R
	R
Other liabilities (please specify)	
.....	R
.....	R
.....	R
Net Assets	R
	R

Assets	Cost
Fixed property (Market value R)	R
Motor vehicles	R
Investments (Market value R)	R
Sundry debtors	R
Bank balances	R
Cash	R
Other assets (please specify)	
.....	R
.....	R
.....	R
OR →	Net Liabilities R
	R

I hereby certify that the above information is complete and an accurate record.

Signature of Deponent (Dependant)

Date

Signed and sworn to before me at _____ on this the _____ day of _____ 20____. The deponent having acknowledged that he/she knows and understands the contents of this affidavit, has no objection to taking the prescribed oath and considers the oath binding on his/her conscience.

Commissioner of Oaths

Date