Resolution Health Medical Scheme

Registration No: 366
Founded: 9 April 1998
Reference No: 1575

Boskruin Office Park
President Fouche Avenue
Boskruin, 2154
(Entrance Boskruin Village Centre)

PO Box 1075, Fontainebleau, 2032

Tel: 0861 796 6400
Fax: 086 513 1438 / 086 508 0083

THE PRINCIPAL OFFICER
RESOLUTION HEALTH MEDICAL SCHEME
P O BOX 1555
FONTAINEBLEAU
2032

AFFIDAVIT

I, ... ID: ☐☐☐☐☐☐☐☐☐☐☐☐☐

MEMBERSHIP NO: ☐☐☐☐☐☐☐☐

HEREBY:

1.1 REQUEST THAT MY MEMBERSHIP OF RESOLUTION HEALTH MEDICAL SCHEME (**RHMS**) BE RE-INSTATED AFTER SETTLEMENT OF THE FULL OUTSTANDING AMOUNT DUE BY ME TO THE SCHEME (WHERE APPLICABLE).

1.2 DECLARE THAT THERE HAS BEEN NO CHANGE IN THE STATE OF HEALTH NOR HAS ANY ILLNESS BEEN SUFFERED BY MYSELF, OR ANY OF MY DEPENDANTS, FROM THE DATE OF CANCELLATION OF MY MEMBERSHIP BY RHMS IN TERMS OF THE STIPULATIONS OF RULE 8.10 OF THE RULES OF THE SCHEME, AND THE SIGNING OF THIS REQUEST.

1.3 AGREE THAT MY MEMBERSHIP IS SUBJECT TO THE RULES OF THE SCHEME, WITH SPECIAL REFERENCE TO RULES 8.9, 12.4 AND 13.2, REGARDING THE PAYMENT OF MY MONTHLY MEMBERSHIP FEES AND / OR ANY OTHER DEBT OWING TO THE SCHEME.

I ACKNOWLEDGE AND UNDERSTAND THE CONTENT OF THE ABOVE STATEMENT. I HAVE NO OBJECTION TO TAKING THE PRESCRIBED OATH. I CONSIDER THE PRESCRIBED OATH TO BE BINDING ON MY CONSCIENCE.

SIGNED BEFORE A COMMISSIONER OF OATH AT .....

ON ☐☐/☐☐/☐☐☐☐

MEMBER'S SIGNATURE: .....

SIGNED AND SWORN BEFORE ME ON ☐☐/☐☐/☐☐☐☐

COMMISSIONER OF OATH:

OFFICIAL STAMP

Trustees: Mr. M.J. Mcguigan (Chairperson), Adv. E. Liebenberg, Mr. C. van der Poel, Mrs. L. Dillon.
Co-opted: Dr. N.B. Mabuya, Mr. M.N. Coetzee CA(SA), Mr. S.P. Mohale
Principal Officer: Mr. M.D. Arnold

Administered by: Agility Health