

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