

# Affidavit E

Sworn affidavit confirming proof of  
residential address



## To whom it may concern

Membership no

Date

Persal/employee/pension no

Dear Sir/Madam

To be completed by main member of GEMS

I,   
ID no  hereby declare that the residential address information provided is true  
and accurate.

Please ensure that you complete this section in full

Residential Address   
  
 Code

Thus declared on this  day of  20  in

I know and understand the contents of the declaration. I have no objections to taking the prescribed Oath.

I consider the Oath binding on my conscience. So help me God.

Signed:

Main member of GEMS  Date

The above statement was made by the deponent and the deponent knows  
and understands the contents of the statement. The statement was sworn  
by the deponent and his/her signature placed thereon in my presence in  
 on  at .

STAMP BY COMMISSIONER  
OF OATHS

Signature of Commissioner of Oaths

### We are committed to protecting your personal data

Your right to privacy and security is very important to us. The Government Employees Medical Scheme (GEMS) and its contracted Service Provider Network (SPN) treat personal information as private and confidential. We collect personal information for the purposes set out in the Scheme's Registered Rules or otherwise communicated to you and we use your information for a number of different purposes, for example to provide our services to members and others and to meet our legal and regulatory obligations. For more detailed information on how and why we use your information, including the rights in relation to your personal data, and our legal grounds for using it, please view the *GEMS Protection of Personal Information Policy and Promotion of Access to Information Manual* on our website at [www.gems.gov.za](http://www.gems.gov.za).