

Section G: Affidavit

Regarding dependant



Membership number

Persal/employee/pension number

Please complete this affidavit if:

- The main member needs to declare that dependants are factually dependent on him/her for family care and support. **(Section G1)**
- The main member has to confirm that a dependant is registered as a student at a recognised tertiary institution. **(Section G2)**
- The main member has to confirm that a dependant is mentally or physically disabled. **(Section G2)**
- The parent needs to confirm that the main member is responsible for family care and support. **(Section G3)**
- The main member wishes to add his/her partner as a dependant. **(Section G4)**

Section G1: To be completed by main member of GEMS (compulsory)

I, ,
ID number , hereby declare the following in respect of the person listed in the table below. Please select the appropriate block and complete the relevant section in full. Attach a separate sheet if there is more than one dependant.

☐ I wish to add him/her as my dependant on my membership of GEMS, as he/she is factually dependent on me for family care and support. He/she is not self-sufficient.

Full first name	<input type="text"/>	Relationship	<input type="text"/>
Surname	<input type="text"/>	Income of dependant	<input type="text"/>
ID number	<input type="text"/>		
Extent of financial dependency on member	<input type="text"/>		
Personal circumstances of dependant	<input type="text"/>		

☐ He/she is under the age of 28 years and is a student and I have included proof of registration at a recognised tertiary institution.

Full first name	<input type="text"/>	Relationship	<input type="text"/>
Surname	<input type="text"/>	Income of dependant	<input type="text"/>
ID number	<input type="text"/>		
Extent of financial dependency on member	<input type="text"/>		
Personal circumstances of dependant	<input type="text"/>		

☐ He/she is mentally or physically disabled and I have included the doctor's report.

Full first name	<input type="text"/>	Relationship	<input type="text"/>
Surname	<input type="text"/>	Income of dependant	<input type="text"/>
ID number	<input type="text"/>		
Extent of financial dependency on member	<input type="text"/>		
Personal circumstances of dependant	<input type="text"/>		

☐ I wish to add my partner as a dependant on my membership of GEMS.

Full first name	<input type="text"/>	Relationship	<input type="text"/>
Surname	<input type="text"/>	Income of dependant	<input type="text"/>
ID number	<input type="text"/>		
Extent of financial dependency on member	<input type="text"/>		
Personal circumstances of dependant	<input type="text"/>		

ID/Passport no.

Initial

☐ I am receiving a medical subsidy from my employer in respect of a person.

Full first name

Relationship

Surname

Income of dependant

ID number

Extent of financial dependency on member

Personal circumstances of dependant

Section G2: To be completed by main member of student/disabled person

I,

ID number hereby declare that I am the parent of the person in the table and that _____ (insert name of main member) is factually and otherwise responsible for him/her and wants to add him/her as a dependant on my membership of GEMS.

Section G3: To be completed by the parent of dependant when adding a child dependant

I,

ID number hereby declare that I am the parent of the person in the table and that _____ (insert name of main member) is factually and otherwise responsible for him/her and wants to add him/her as a dependant on my membership of GEMS.

Section G4: To be completed by the partner if main member is adding a partner as a dependant

I,

ID number hereby declare that I am the partner of _____ (insert name and surname of main member)

Thus declared on this day of _____ 20 at _____

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

Partner _____ Date

Parent _____ Date

The above-mentioned 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 on this day _____ of _____ in _____

STAMP BY COMMISSIONER
OF OATHS

Signature of Commissioner of Oaths _____

Section H: Submitting your completed application form

Once you have completed your application form, signed all the relevant areas and obtained the required documents, you can submit it for registration in any of the following ways:

Fax: 0861 00 4367; or

Email: enquiries@gems.gov.za; or

Post: GEMS at Private Bag X782, Cape Town 8000; or

Walk-in Centres: drop it off at any of the following GEMS Walk-in Centres:

Eastern Cape <ul style="list-style-type: none"> East London: Shop LG36, Lower Level, Gillwell Shopping Centre, c/o Gillwell Road and Fleet Street Mthatha: Savoy Complex, Unit 11 & 12A, Nelson Mandela Drive 	Gauteng <ul style="list-style-type: none"> Johannesburg: Traduna House, 118 Jorrisen Street, Ground Floor, c/o Jorrisen and Civic Boulevard (opposite Civic Centre), Braamfontein Pretoria: Sancardia Building, Shop 51, First Floor, c/o Beatrix & Church Streets, Arcadia
KwaZulu-Natal <ul style="list-style-type: none"> Durban: The Berea Centre, Shop G18, Entrance 1, 249 Berea Road, Berea Pietermaritzburg: Deloitte House, Suite 3, Block A, 181 Hoosen Haffeejee Street (Berg Street) 	Limpopo <ul style="list-style-type: none"> Polokwane: Shop 1, 52 Market Street Thohoyandou: Unit G3, Metropolitan Centre
Mpumalanga <ul style="list-style-type: none"> Nelspruit: Shop No. 18, Nedbank Centre, 30 Brown Street, Nelspruit CBD eMalahleni (Witbank): Safeways Crescent Centre, Shop S67, c/o President & Swartbos Streets, Die Heuwel 	Northern Cape <ul style="list-style-type: none"> Kimberley: New Park Centre, Shop 14, Bultfontein Way & Lawson Street Upington: 61A Mark Street
North West <ul style="list-style-type: none"> Klerksdorp: City Mall, Shop 101, c/o OR Tambo & President Street, Klerksdorp CBD Mafikeng: Mmabatho Megacity Shopping Centre, Shop 39, c/o Sekame & James Moraka Streets, Mmabatho 	Western Cape <ul style="list-style-type: none"> Worcester: Mountain Mill Shopping Centre, Shop 125 A & B, Mountain Mill Drive Cape Town: Constitution House, 124 Adderley Street
Free State <ul style="list-style-type: none"> Bloemfontein: Bloem Plaza, Shop 124, Maitland Street Welkom: Gold Fields Mall, Shop 51A, c/o Stateway & Buiten Street 	

Once you send GEMS your application form, the following will happen:

- You will receive an SMS to confirm receipt of your application.
- We will process your application form and check that all details have been correctly completed and any additional documents required to complete the registration of your application have been supplied. If any details are missing or if we need more information, GEMS will contact you.
- After accepting your application to join GEMS, we will send you an SMS confirming acceptance. The SMS will indicate what your membership number is and advise you of when your membership will commence.
- You will then receive a member pack in the post, this includes your membership cards and a comprehensive member guide.