

Acknowledgement of debt



I, the undersigned, (main member's full first name/s and surname)

hereby confirm and agree to the following:

1. I am a member of the Government Employees Medical Scheme (GEMS) with membership number:
2. **I/my dependent**, ,
have applied for an advance supply of authorised chronic medicine.
3. **I/my dependent**, ,
will be travelling outside South Africa for month/s in total and understand that if
approved, the medicine will be authorised and delivered in three (3) monthly intervals.
4. Should **I/my dependent** resign Scheme membership within the applicable three (3) month period, I will be
liable for the balance of the cost of the medicine supplied for the period where **I am/my dependent** is not a
registered beneficiary.
5. I choose as domicilium et executandi for all purposes hereof, the following physical address:

 Code
6. I hereby consent to the jurisdiction of the Magistrate's Court of South Africa having jurisdiction over me in
connection with all legal proceedings arising here from.
7. **I/my dependent**, is responsible for timeously supplying the Scheme with a new prescription should the
medicine change during the applicable three (3) month period.

Signed at _____ on this _____ day of _____ 20 _____.

Main member's signature _____ Date

Witness _____ Date

Witness _____ Date