

Instructions

- Please complete the form in full and check that all your information is correct before submitting
- This form can be used to nominate or change your GP if you have chosen the Standard Select, Primary Select or BonCap option.

Section 1: Details of main member

Please fill in your details below. Ensure that all fields are marked clearly and can be read easily.

Title:	<input type="text"/>	Surname:	<input type="text"/>			
First names:	<input type="text"/>					
Identity number:	<input type="text"/>					
Date of birth:	<input type="text"/>	Tax number:	<input type="text"/>			
Marital status:	<input type="text"/>	Gender:	<input type="text" value="M"/>	<input type="text" value="F"/>		
Ethnic group:	<input type="text" value="Black"/>	<input type="text" value="Coloured"/>	<input type="text" value="Indian"/>	<input type="text" value="White"/>	<input type="text" value="Asian"/>	<input type="text" value="Other"/>
Cellphone:	<input type="text"/>	Telephone (h):	<input type="text"/>			
Telephone (w):	<input type="text"/>	Medical aid start date:	<input type="text"/>			
Email:	<input type="text"/>					
Postal address:	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>	Code:	<input type="text"/>			
Street address:	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>	Code:	<input type="text"/>			

Section 2: GP nomination

If you choose the **Standard Select**, **Primary Select** or **BonCap** option, you must nominate a GP from the Bonitas GP network for each beneficiary.

	Name	Surname	Doctor's name	Practice number	Doctor's contact number
Main member					
Dependant 1					
Dependant 2					
Dependant 3					
Dependant 4					

Section 3: Change your GP

Please complete this section if you would like to change your current nominated GP.

	Name	Surname	Doctor's name	Practice number	Doctor's contact number
Main member					
Dependant 1					
Dependant 2					
Dependant 3					
Dependant 4					

I request that my nominated GP be amended as indicated above

Signature of main member: _____

Date: _____