

### 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"/>				Code:	<input type="text"/>
Street address:	<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.

**Please note:** For BonCap you need to nominate a Primary and Secondary GP

	Name	Surname	First doctor's name	Practice number	Second doctor's name	Practice 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.

**Please note:** For BonCap you need to nominate a Primary and Secondary GP

	Name	Surname	First doctor's name	Practice number	Second doctor's name	Practice 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: \_\_\_\_\_