

IMPORTANT NOTE: Please note that this GP Nomination Form must be completed in full and emailed to changemygp@primecure.co.za, or call the Prime Cure contact centre on 0861 665 665. Upon approval, confirmation of change will be emailed to the requestor within 24 hours of receipt.

A Principle Member Details

Surname:																		
First Name:																		
ID Number/Passport:					Cell:													
Tel:					Fax:													
Email:																		
Member Number:					Medical Scheme:				Option:									
Employer:																		
GP Practice Name:					GP Practice No:													
GP Practice Name:					GP Practice No:													
Member Signature:								Date:	y	y	y	y	-	m	m	-	d	d

B Dependent Details

1. First Name:					Surname:				
ID Number/Passport:					Dependant Code:				
GP Practice Name:					GP Practice No:				
GP Practice Name:					GP Practice No:				
2. First Name:					Surname:				
ID Number/Passport:					Dependant Code:				
GP Practice Name:					GP Practice No:				
GP Practice Name:					GP Practice No:				
3. First Name:					Surname:				
ID Number/Passport:					Dependant Code:				
GP Practice Name:					GP Practice No:				
GP Practice Name:					GP Practice No:				
4. First Name:					Surname:				
ID Number/Passport:					Dependant Code:				
GP Practice Name:					GP Practice No:				
GP Practice Name:					GP Practice No:				
5. First Name:					Surname:				
ID Number/Passport:					Dependant Code:				
GP Practice Name:					GP Practice No:				
GP Practice Name:					GP Practice No:				
6. First Name:					Surname:				
ID Number/Passport:					Dependant Code:				
GP Practice Name:					GP Practice No:				
GP Practice Name:					GP Practice No:				