

**GP NOMINATION FORM**

To be completed for all Beneficiaries.

Please note that no claims will be paid out unless the nomination form is completed and submitted to KeyHealth before you visit your GP.

Membership Number

**Principal Member Information**

Title  Initials  First name

Surname

ID number

Telephone - home (code - number)  Cellphone number

Telephone - work (code - number)  Fax - work (code - number)

E-mail address

**Beneficiary GP Nomination**

Dependant code	First Name	Surname, if different from principal member	ID number	GP Practice name (compulsory)	GP Practice Number (compulsory)

Reason for changing from the previous nominated GP?

Member Signature

Date   -   - 2 0

Please note that the nomination form has to be completed in full and faxed 0860 111 390 to or emailed to [info@keyhealthmedical.co.za](mailto:info@keyhealthmedical.co.za)