SAMWUMED
Real Heritage. Real People. Real Health Care.

GP Nomination form

This form can be used to nominate a GP if you have not done so already, or to change your nominated GP.

To see network GPs in your area, visit **our website: www.samwumed.org**

Section 1: Membership details

Full name:

Identity number:

Membership number:

Email:

Cellphone:

Section 2: FP nomination

You can nominate two GPs from the SAMWUMED GP network for each beneficiary. Please be advised that when changing your nominated GP, the end date will be the last day of the month and the start date for the newly nominated GP will be the 1st day of the new month.

	Name and Surname	First doctor's name	Practice number	Start date	Second doctor's name	Practice number	Start date
Main member:							
Dependant 1:							
Dependant 2:							
Dependant 3:							
Dependant 4:							

Signature of main member:

Date: