



NTSIKA GP NOMINATION 2024

www.wcmas.co.za
wcmas@wcmas.co.za
 C/o Susanna St & OR Tambo Rd
 P O Box 26, Emalahleni (Witbank),
 1035

Membership Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|

In order to provide quality healthcare at affordable prices to our members, we have designed Ntsika to make use of a nominated GP structure. This means that we require you to select three GP's which you will see for all your GP consultations.

| 1. Principal member details | | | | | | | | | | | |
|--|---------------------|--------|-------|----------|-----------|--|--|--|--|---------------|--|
| Member first full name and surname | | | | | | | | | | Initials | |
| Identity number / passport number (only foreigners to insert passport numbers) | | | | | | | | | | Date of birth | |
| Married | Common-law marriage | Single | Widow | Divorced | Pensioner | | | | | | |
| Payroll number | | | | | | | | | | | |

| 2. Contact Detail (Please confirm even if unchanged) | | | |
|--|---------------------|---|----|
| Postal Address | Residential Address | Cell phone: | |
| | | Tel: (H) | |
| | | Tel: (W) | |
| | | Fax: | |
| | | Receive statements / correspondence via e-mail? | |
| (Code) | (Code) | Yes | No |

E-mail address: _____

3. Ntsika General Practitioner (GP) nomination YOU CAN ONLY CHOOSE A DOCTOR FROM THE NTSIKA NETWORK LIST

| | 1 st Nominated GP | 2 nd Nominated GP | 3 rd Nominated GP |
|---------------------------------|------------------------------|------------------------------|------------------------------|
| Name of the Main member: | | | |
| Name of the nominated GP | | | |
| GP practice number | | | |
| Dependant name: | | | |
| Name of the nominated GP | | | |
| GP practice number | | | |
| Dependant name: | | | |
| Name of the nominated GP | | | |
| GP practice number | | | |
| Dependant name: | | | |
| Name of the nominated GP | | | |
| GP practice number | | | |

Main member signature: _____

Date: _____