Universal House, 15 Tambach Road, Sunninghill Park, Sandton
Private Bag X47, Rivonia 2128 | **Tel:** 011 208 1000 | membership@universal.co.za

DOCTOR CHOICE FORM

MEDICAL AID NUMBER | | | | | | | | | |

Please ensure that the member details on this form are the same as on the
APPLICATION FOR MEMBERSHIP FORM

Principal member			
Surname		Member address	
First names		Town/city	
Identity no.		Name of doctor of choice	
Date of birth	d d m m y y y y	Doctor's address	
Gender (M/F)		Doctor's contact no.	( )
Contact no.	( )	Practice no. (Office use)	

SIGNATURE _____ **DATE** d d m m y y y y

PLANT SITE _____

Makoti Medical Scheme
iOCO, Ground floor, Sanlam Building | Cnr Sanlam and Alkantrand roads, Lynnwood Manor
Pretoria, 0081 | **Tel:** 087 801 2860 | **Email:** Makoti.Clientservices@foxbpo.co.za

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