



**NJMPF**  
KwaZulu-Natal Joint Municipal  
Pension/Provident Funds

## NOMINATION FORM

I, \_\_\_\_\_

Identity Number \_\_\_\_\_,

do hereby nominate Dr. \_\_\_\_\_

to be my medical practitioner for medical boarding purposes.

Doctor's physical address:

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Doctor's postal address:

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Doctor's telephone number:

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Signature

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Date

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*Your Anchor in Uncertain Storms*