☐ **Head Office**
P O Box 78756,
Sandton, 2146
113 Katherine Street,
Sandown
Tel: (011) 520-0000
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☐ **Durban**
P O Box 2183, Durban, 4000
4th Floor, Victoria Maine,
71 Victoria Embankment,
Durban, 4001
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Fax: (031) 304-2418

☐ **Port Elizabeth**
P O Box 27135, Greenacres,
Port Elizabeth, 6057
70 – 2nd Avenue, Newton Park,
Port Elizabeth, 6045
Tel: (041) 391-5200
Fax: (041) 391-5230

☐ **Cape Town**
P O Box 1680, Cape Town,
5th Floor, South Court
Old Town Square, 50 Buitenkant Str
Cape Town 8001
Tel: (021) 464-9100
Fax: (021) 462-4740

Application for Disability Benefit
CONFIDENTIAL MEDICAL REPORT BY GENERAL PRACTITIONER

FORM 4

Name of Fund:
Employer's Name:
Claimant's Name:

Please supply full reasons why the claimant was not referred to a specialist for the main cause(s) of disablement. This information is required as it is most unlikely that the Insurer will admit a claim if the claimant has not consulted an appropriate specialist. However, all other circumstances surrounding the claimant will be taken into consideration.

DOCTOR'S SIGNATURE

DATE

NBC Holdings (Proprietary) Limited
Reg No: 1997/012056/07