

Please fax the completed form to Webnotic (Pty) Ltd on 011 465-2877 or email to sales@webnotic.co.za . Queries 011 465-3019		
PERSONAL DETAILS		
Title: <input type="checkbox"/> Doctor <input type="checkbox"/> Professor <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	Surname:	
First Name:	Middle Name:	
Date of Birth:	SA Identity No:	
Contact Tel (include dialing code):	<input type="checkbox"/> My contact number may be published (shown on my public site)	
Residential Tel (include dialing code):	<input type="checkbox"/> My residential number may be published (shown on my public site)	
Cell:	<input type="checkbox"/> My cell number may be published (shown on my public site)	
Email:	<input type="checkbox"/> My email address may be published (shown on my public site)	
Postal Address:	Physical Address:	
Postal Code:	Area Code:	
HPCSA Registration Number: DP	Registered As :	
Special Interests:		
Qualification	Institution	Year
Designated Service Provider for the following Medical Schemes:		
PRACTICE DETAILS (if you have more than one practice, please repeat this section)		
Practice Name:	<input type="checkbox"/> Rural <input type="checkbox"/> Urban	
<input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporation <input type="checkbox"/> Solo	<input type="checkbox"/> Private <input type="checkbox"/> Public Sector	
Main Tel No:	Other Tel No:	Fax No:
Email:	<input type="checkbox"/> The practice email address may be published	
Optional Map: <input type="checkbox"/> Map Attached <input type="checkbox"/> Map Emailed (Map must not exceed 15cm ²)		
Postal Address:	Physical Address: (also indicate province, town and suburb if applicable)	
Postal Code:	Area Code:	
Details of Working Hours:	Emergency Contact Details:	
Required Style of Web Page (if known) <input type="checkbox"/> Style 1 <input type="checkbox"/> Style 2 <input type="checkbox"/> Style 3 <input type="checkbox"/> Style 4		
CREDIT CARD PAYMENT I hereby authorise Webnotic (Pty) Ltd to debit my credit card with the amount of R792 as payment of a manual capture fee of R342 and a first annual subscription fee of R450.		
Credit Card Type: <input type="checkbox"/> Master <input type="checkbox"/> Visa	CVV No (last 3 digits on reverse side of card):	
Cardholder's Name:	Credit Card Number :	
Expiry Date of Credit Card (MM/YY):	Cardholder's Id or Passport Number:	
OR DIRECT PAYMENT I have made payment for the amount of R792 as payment of a manual capture fee of R342 and a first annual subscription fee of R450.		
Make Payment To:	Webnotic (Pty) Ltd, Standard Bank, Fourways Crossing (Branch Code 009953), Account Number: 402096665	
<input type="checkbox"/> Proof of Payment attached (Required)	Payment Reference (Use Registration Number):	
SIGNATURE:	Today's Date:	
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