

GP Medical Partnership Joint Notification Form

(on or after 1 January 2024)

Section D - List all relevant Medical Service Providers GMS who are being removed from the Partnership

Relevant Medical Service Provider Name	GMS/PCRS Number	Relevant Medical Services Provider Individual Tax Number:	Date from which the joint election takes effect.	Confirmation that Percentage % Proportion of relevant medical service provider's income to be treated as income of the medical partnership (Gross Income) is 100%

Signature of Relevant Medical Services Provider: _____ Date: ____ - ____ - ____

Signature of Relevant Medical Services Provider: _____ Date: ____ - ____ - ____

Signature of Relevant Medical Services Provider: _____ Date: ____ - ____ - ____

Signature of Relevant Medical Services Provider: _____ Date: ____ - ____ - ____

Signature of Relevant Medical Services Provider: _____ Date: ____ - ____ - ____

Signature of Relevant Medical Services Provider: _____ Date: ____ - ____ - ____