

BOARD OF HEALTHCARE FUNDERS NPCCompany Registration No. 2001/003387/08

Practice Code Number Application Form: Allied Health Professions Council of S.A Disciplines

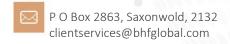
The BHF's PCN unit ("PCNS") is the entity tasked with the administration of practice code numbers. It is the responsibility of the applicant to complete the particulars required hereunder and to supply all the necessary information, as per the PCN application. The PCN unit will allocate PCNs to suppliers of relevant health services who comply with the PCNS application verification criteria.

PLEASE NOTE

Please show by ticking the below that you have read and understood the information :

1	The completed application form and supporting documents can be sent to pcns_admin@bhfglobal.com	
2	As part of the application process, PCNS is required to verify the state employment of each applicant through the DPSA search: https://www.dpsa.gov.za/resource_centre/psverification/ . To ensure that your application form is processed timeously please ensure that the necessary approvals in the form of the below listed documents have been submitted together with your application form:	
	 Confirmation of Community of Service Completion Resignation letter RWOPS Approval Certificate RWOPS Application form. NB: The RWOPS Application form should be stamped, dated, and signed by both the employer and designated authority and should have exceeded the 30-day submission period with your state employer Sessional work Contract. 	
	Please also supply the contact details of the persons responsible to confirm the approval/resignation.	
	Once your approval (Confirmation of the end of Community Service/Resignation letter/RWOPS Approval Certificate/RWOPS Application Form/Sessional work Contract) has been received we are going to perform validation with your employer. We will contact the employer at the state facility via email and telephone to verify that approval has been granted for remunerative work outside the public service or if the nature of your employment allows for private practice. Thus, we urge you to provide the correct contact information for the employer on the application form to ensure the process is not delayed. We also encourage you to advise your employer that the validation will take place, so they are aware.	1066
3	All Healthcare Service Providers who are in Public Service are required to submit the renewed necessary approvals stipulated above annually to avoid the suspension of their practice numbers.	
4	Failure to submit all required and correctly certified documentation with your application form will result in your application being cancelled and forfeiture of the PCNS Application fee as it is not refundable.	
5	The PCNS practice number is not transferrable.	
6	PCNS does not issue practice numbers to Healthcare Practitioners who are registered under supervised practice.	
7	The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.	
8	Should you have any Queries regarding this Application, please contact Client Services at +27 87 210 0500 or e-mail clientservices@bhfqlobal.com	











Acupuncturist (Chinese Medicine)

BOARD OF HEALTHCARE FUNDERS NPC

Company Registration No. 2001/003387/08

PLEASE TICK THE APPROPRIATE DISCIPLINE

Osteopathy

Ayurveda Practitioner		Phytotherapist
Ayurveda (Primary Care Advisor)		Therapeutic Aromatherapist
Ayurveda (Yoga Therapist)		Therapeutic Massage Therapist
Chiropractors		Therapeutic Reflexologist
Homeopathy		Unani – Tibb
Naturopathy		
Please show by ticking the below that you have	ve read an	d understood the information: \square
SUPPORT	ING DOC	JMENT CERTIFICATION
Applications WILL NOT BE PROCESSED WITHOUT CERTIFIE	D COPIES OF	ORIGINAL DOCUMENTATION by a South African registered Commissioner of
· · · · · · · · · · · · · · · · · · ·		iased, not related to the Healthcare Service Provider (HSP), and who has no
, ,		SP, any employee or employer of the HSP, or any colleague of the HSP). The
stamp on the certified document must be dated, including t	the name of t	he Commissioner of Oaths and the words COMMISSIONER OF OATHS, and valid
for 6 months from the date of certification. Please note	that the BH	F policy requires that to obtain a practice number, an applicant health care
professional must be registered by a regulatory body or a	licensing au	thority in terms of South African Law, as this is a requirement of the Medical
Schemes Act (Act. No 131 of 1998).		

In accordance with Legislation and BHF Policies, a Practice Number may not be issued without the following supporting documents (tick what is relevant to you and has been submitted)

Certified copy of the applicant's identifying document (mandatory):	
Identity Document or	1
Passport and proof of permanent residence, where the applicant is not a South African citizen.	700
Certified copy of a document issued by the Department of Home Affairs where the applicant's surname or name(s) differ on 2 or more supporting documents	
Marriage Certificate or	
Divorce Decree or	
A confirmation letter	90
Certified copy of Registration Certificate from the Allied Health Professions Council of South Africa (mandatory)	0
Certified copy of approval letter for full registration from the Allied Health Professions Council (mandatory)	0
A stamped bank account confirmation letter not older than 3 months accompanied by the bank verification form on page 4 of this application form signed by	
the practice owner and the authorised bank account holder/signatory (mandatory for banking details that belong to a 3 rd party)	
Proof from the Allied Health Professions Council of S.A. that the subscription fee has been paid for the current year (mandatory)	
Document confirming that you have the necessary permission to practice outside of the conditions of your employment with the state (Confirmation of Community	
of Service Completion/ Resignation letter/ RWOPS Application form/RWOPS Approval Certificate/Sessional work contract) (where applicable).	
Copy of Dispensing license (where applicable)	
Proof of payment of PCNS Application Fee (Non-Refundable) (mandatory)	

KINDLY NOTE THIS APPLICATION FORM MUST BE FULLY COMPLETED IN ADDITION TO THE SUPPORTING DOCUMENTATION REQUIRED TO BE SUBMITTED. FAILURE TO DO SO WILL RESULT IN A DELAY IN THE PROCESSING OF YOUR APPLICATION FOR A PCN.



Lower Ground Floor, South Tower 1Sixty Jan Smuts, Rosebank, 2196



P O Box 2863, Saxonwold, 2132 clientservices@bhfglobal.com



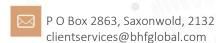




Company Registration No. 2001/003387/08

We recommend that you complete the form in BLOCK letters only OR/ type to complete. Unclear handwriting may delay the processing of your application for a PCN and lead to errors in the information captured					
				PERSON	IAL DETAILS
Title ID Number	 Initials		First Na	mes	Surname Council Number
					CE DETAILS: the original starting date cannot be accommodated
Vat Number (if app	licable)				Tax Number (If applicable)
Dispensing License		Yes	No	License number (If applicable)	
Government Emplo	yee	Yes	No	If yes, please provide Certificate: Approval of oti	her Remunerative Work
Name and Surname	·	ı	CONTACT	DETAILS FOR THE PERSON RESPONSIBLE TO Designation	CONFIRM YOUR RWOPS/ NATURE OF STATE EMPLOYMENT
Telephone Number		external va	lidation pr	E-mail address ocess with your employer, the issuing of you	r practice number will be delayed.
Practice Postal Address					Practice Physical Address
Suburb					Suburb
Town					Town
Code	Pi	rovince			CodeProvince
Applicant's Telephone Number () (If no telephone number is provided your cell phone number will be captured as the main telephone number on the system as this is a mandatory field)				mber will be captured as the main	Applicant's Cell Number () Applicant's E-mail address
Please ensure the selected).	Please ensure that you provide the full contact information for both the applicant as well as information for your nominated EDI and/or Bureau (mandatory if an EDI or Bureau company has been				
EDI User EDI Company:					EDI website address:
Bureau	Telephone Number:				Bureau Name:
Email Address:				/	Bureau website address:









Company Registration No. 2001/003387/08

Banking Details Verification Form

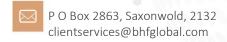
To: BHF Client Services

I declare that the details on this Banking Verification Form and attached bank letter are correct and may be used by the medical schemes and their administrators for reimbursement of claims.

Please ensure that the form is completed with the correct information. Please indicate whether the banking details are registered under an ID Number or a Company Registration number. Where the banking details are registered under the ID/Company Registration number of a 3rd party please submit a certified copy of the account owner's ID or a Copy of the Company Registration documents. The document needs to be signed by both the account holder and the practice owner where the banking details are registered under a 3rd party.

We recommend that application for a PCN						type to complete	. Unclear handwriting may	delay the processing of your
Practice Name								
Bank Name								
Branch Name								
Account Holder Name (not account type)								•
Account Number								
Account Type	Current	Savings	Transmis	sion				4
Account Registration Type	ID Numbe		ompany gistration	Enter .	ID/Compar	y Registration Nu	umber(s)	
							110000	
							111111111111	
Authorised I	Bank Accoun						uthorised Bank Account Hold	ers Signature/s
		NB: Digita	signatures a	re not ac	ceptable and	may delay the proc	ressing of your application.	100000
								9.000
SIGNATURE OF APPI	ICANT					DATE		70000
								10001
						· HART		7008/5
FULL NAME AND SUR	NAME OF AR	DI TCANT						0000
FOLL NAME AND SUR	INAME OF AP	PLICANI						
					/0_	111/200		









BOARD OF HEALTHCARE FUNDERS NPC Company Registration No. 2001/003387/08

Bank Debit Order Instruction

We recommend that you complete the form in BLOCK letters only OR/ type to complete. Unclear handwriting may delay the processing of your application for a PCN and lead to errors in the information captured

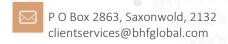
Please be advised that there is an annual practice code number renewal fee payable before the 31st of March each year. Should you wish to activate a debit order instruction for the practice number renewal fee, please complete and authorise the below section. **Incomplete debit order information will not be accepted.**

Bank details for debit order transaction purposes only

The details of my/our account are as follows:

Practice Name:				
Bank Name:				
Account Holder Name:				
Account Number:				Å
Account Type:				
I hereby request and authorise BHF t the applicable date):	o debit my account with the annual PCN	IS renewal fee on e	either of the follo	owing dates (please selec
☐ February 28 ^t	h		March 3	1 st
	means of giving BHF 30 days' notice in ich BHF has withdrawn whilst this instru			not be entitled to refunds
	orised to effect the drawing against my/orised to effect the drawing against my/or terms of this instruction to any third pa			
Signed at:	on this		lay of	
	al signatures are not acceptable and may dela			-4000
	*	THE REAL		
Authorised Bank Account Holder	initials and Surname/s	Authorised	Bank Account Holders	Signature/s
				7700
SIGNATURE OF APPLICANT			100	
			•	









Company Registration No. 2001/003387/08

PCNS Registration Fees

NB. The PCNS Application fee is non-refundable.

The PCNS application fees for the current year are available on the PCNS website (<u>www.pcns.co.za</u>). Failure to comply with the application requirements will result in the application being unsuccessful and forfeiture of the application fee.

Applications will not be processed without proof of payment of PCNS application fees except Nedbank account holders who can only submit the proof of payment once a reference number has been issued by PCNS. Please refer to the Fee Schedule for the correct fee: https://www.pcns.co.za/Home/Fees

For security reasons, we only accept card payments on the premises. Alternatively, you may make use of one of the payment methods below:

NEDBANK account holder: PCNS is a registered bank-approved beneficiary. To make a payment you will be required to add us to your beneficiary list by selecting PCNS New Applications and entering a valid 5-digit reference number that you will obtain once your application has been received and drafted on our system.

Other Bank EFTs

Bank: Nedbank

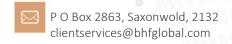
Branch: The Mall of Rosebank

Branch code: 197705 Account Name: PCNS

Account No: 1958 518 530
Account Type: Cheque account

Reference: It is recommended that a Council number or the PCNS-issued reference number be used as a reference









Company Registration No. 2001/003387/08

TERMS AND CONDITIONS FOR THE USE OF A PRACTICE NUMBER

1. 1.1 1.2 The User as defined below.

Active statement of the Comment of the Commencement Date shall mean 1 Agril 2015.
Confidential information or material proprietary to or deemed to be proprietary to the BHF, information designated as confidential by the BHF, information acquired by the User by way of the User's interactions with the BHF, the contents of and Confidential Information or material proprietary to or deemed to be proprietary to the BHF, information designated as confidential by the BHF, information acquired by the User by way of the User's interactions with the BHF, because of the BHF, and information relating to any negotiations, discussions or transactions between the Parties, any information about or relating to the PCNS, including but not limited to the PCNS' designs, algorithms, formulae, content and/or decision making tube. all Intellectual Porties of the BHF and adocumentation including information i 2.2.5 2.2.6 2.2.7 2.2.8 time to time;

Practice Number shall mean the number allocated by the BHF to a User for purposes of inter alia identifying such User on the PCNS.
Signature Date shall mean the date of the Party lost signing this agreement; and
User shall mean any general practitioner, medical specialist, dentist, hospital, pharmacy, and/or any other supplier of medical and related services, who complies with the BHF's requirements to be issued with a Practice Number, and in respect of whom the BH allocated a Practice Number.

If any provision in a definition is a substantive provision conferring rights or imposing obligations on any Party, notwithst anding that it is only in the definition clause, effect shall be given to it as if it were a substantive provision of this Agreement.

Unless inconsistent with the context, an expression that denotes:
an any one gender includes the other gender.
a natural person includes an artificial person and vice versa, and
the singular includes the other gender.

When any number of days is prescribed in this Agreement, same shall be reckoned exclusively of the first and inclusively of the last day unless the last day falls on a day which is not a Business Day, in which case the last day shall be the immediately following Bus Day. Day.

The event that the day of payment of any amount due in terms of this Agreement should fall on a day which is not a Business Day, then the relevant date for payment shall be the following Business Day.

Where figures are referred to in numerals and in words if there is any conflict between the two, the words shall prevail.

Where any term is defined within the context of any particular clause in this Agreement, the context of any particular clause in this Agreement, the context of any particular clause in this Agreement, the context of any particular clause in this Agreement, the context of any particular clause in this Agreement, the context of any particular clause in the term so defined, unless it is clear from the clause in question that the term so defined whith in the context of any particular clause in the same meaning as ascribed to it for all purposes in terms of this Agreement, the context of any particular clause in the particular clause in the same meaning of the general wording preceding it and the elusted generic rule shall not be applied in the interpretation of such general wording or such specific example or examples.

Any reference to an enactment in this Agreement is to that enactment as at the commencement of this Agreement and as amended or re-enacted from time to time.

The rule of construction that the contract shall be interpreted against the Party responsible for the drafting or preparation of the Agreement, shall not apply.

This Agreement shall not an enchroneable by the estates, heirs, executors, administrators, trustees, permitted assigns, or liquidators of the Parties as fully and effectually as if they had signed this Agreement in the first instance and reference to any Party shall be deemed to include such Party's estate, heirs, executors, administrators, trustees, permitted assigns, or liquidators of the Parties as fully and effectually as if they had signed this Agreement in the first instance and reference to any Party shall be deemed to include such Party's estate, heirs 2.6 2.7 2.8 2.9 2.12 2.13 4. 4.1 The User may at any time terminate this Agreement by giving the other Party written notice of termination of this Agreement.
In the event that a User terminates this Agreement in accordance with clause 4.3, such User shall not have any claim against the BHF in respect of the Fee, which the User may have paid over to the BHF prior to termination of this Agre
USE OF THE PRACTICE NUMBER - - -User shall use the Practice Number exclusively for purposes related to the provision of medical services, including but not limited to the submission of reimbursement claims to Members and the processing thereof in respect of services rendered by the User to bers of the Members, and such other purposes as may be agreed to by the BHF in writing from time to time. members of the Members, and such the Published as may be agreed to by the BHF in writing from time to time.

FEE

The User shall pay to the BHF the Fee that can be found on the PCNS website www.pcns.co.za on or before 31 March in every calendar year. The Fee shall be subject to an annual escalation as determined by the BHF some of Directors.

All payments by the User in terms of the provisions of this Agreement shall be made by means of an electronic fund transfer to the bank account nominated by the BHF, free of costs, deductions, set off, and exchange, and is non-refundable.

The User shall pay all payments due in terms of this Agreement in the BHF shall account, the details of which shall be made known to the User from time to time.

Interest shall accrue on the outstanding balance of all amounts due and payable but unpaid by the User from time to time in terms of this Agreement. Such interest shall be charged at the reate of interest published as being charged from time to time by the BHF's banker as certified by an any manager of that bank, whose appointment need not be proved and whose certification shall, in the absence of one and binding on the Parties, plus a margin of 2% (two percent) (or at the maximum rate allowed by law, whichever the greater), calculated from the date falling immediately after the date on which payment becomes due in terms of the provisions of this Agreement until the date of payment.

SUPPORT

The BHF shall provide reasonable support in respect of the use of the Practice Number on an ad hoc basis as and when reasonably requested by the User. Support shall include telephonic support and electronic support.

SURJONO OF THE USER

He User undertakes: 7. 7.1 7.2 8. 8.1 8.2 8.3 8.4 to use the Practice Number exclusively for such purposes as set out in clause 5.

not to reproduce, copy and/or disclose any part of the PCNS for purposes other than those set out in clause 5 without the BHF's prior written consent.

not to allow any third party who does not have a Practice Number to log onto the PCNS with the User's login details, and/or to use the PCNS on behalf of the User, unless such third party is duly auther to the set out in clause 5;

not to allow any fraudulent use of the User's Practice Number. not to allow any fraudulent use of the User's Practice Number.

to immediately notify the BHF of any unauthorized use of the User's Practice Number.

to immediately notify the BHF of any security breach of the User's profile on the PCNS.

to supervise and control the use of the Practice Number in accordance with the terms of this Agreement.

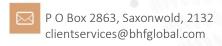
to supervise and control the use of the Practice Number in accordance with the terms of this Agreement.

to make use of the necessary communications equipment required for accessing the PCNS.

to immediately notify the BHF in writing of any problems that the User may experience while using the PCNS; and to ensure that the User's information on the PCNS is always current and updated.

LIMITATION OF LABILITY LIMITIATION OF LIABILITY
To the extent permitted by law, and except to the extent set out elsewhere in this Agreement, the BHF shall not be liable to the User for any loss, damage, cost, expense, or penalty (including consequential loss or special damages) (Losses) who used arising directly in indirectly in connection with this Agreement, the use of the Practice Number and/or PCNS or otherwise. The User hereby indemnifies and holds the BHF and its employees and contractors harmless against all such Losses. PERSONAL INFORMATION
The User consents to the BHF processing all such personal information relating to the User that is necessary for the proper running and functioning of the PCNF and a such as 10. 11. 11.1 11.2 WARRANTIES
The User acknowledges that PCNS, in general, is not error-free and agrees that the existence of such errors in the PCNS does not constitute a b
Except to the extent set out elsewhere in this Agreement, the BHF gives no warranties, whether express or implied, in respect of the PCNS. Wite
environment, of finess for any particular purpose are given by the BHF.
INTELLECTUAL PROPERTY Initials









Company Registration No. 2001/003387/08

The User:

acknowledges that the intellectual Property subsisting in the PCNS is the exclusive property of the BHF. The User further acknowledges that the Intellectual Property subsisting in the PCNS is a commercial asset of considerable value to the BHF; shall not in any manner or respect create the representation that it has any rights or title to the Intellectual Property subsisting in the PCNS, except as provided for in this Agreement; shall under no circumstances, use or apply for registration of any intellectual property which could conflict with the BHF is Intellectual Property subsisting in the PCNS.

To the extent that the User makes and/or suggests any improvements and/or developments to the PCNS, the rights it may have in any such improvements and/or development to the BHF. In this respect, the User hereby cedes and assigns all such rights it may have in any such improvements and/or development to the BHF.

The User in the case of the User will be used to the User will not use the Confidential Information in confidence and as secret and the User will not use the Confidential Information in confidence and as secret and the User will not use the User will not used to the User user that the User to the User user that the User user that the User will not use the Confidential Information in any manner whatever including, without the prior written consent of the BHF or as may be permitted in terms of any other written agreement between the Parties, directly or indirectly communicate, disclose, grant access to, sell or take (whether in writing or only or in any other manner) any of the Confidential Information to any manner whatever including, without the prior 12.2 12.2.1 12.2.2 12.2.3 12.3 13. 13.1 13.2 13.3 expected to be derived into mis best or the commentant intonation, except as answer or in this agreement amount in the provision.

The User agrees that it shall protect the Confidential Information disclosed by the BHF pursuant to the provisions of this Agreement, using the same standard of care that the User applies to safeguard its own proprietary, secret, or confidential information, which shall at least be a reasonable standard of care, and that the Confidential Information shall be stored and handled in such a way as to prevent any unauthorised disclosure thereof. The User shall immediately inform the BHF if the User becomes aware of any unauthorised disclosure thereof.

disclosure of the Confidential Information and shall take all reasonable steps to minimize the damage caused by such unauthorised disclosure and/or further disclosure of the Confidential Information. 13.4 disclosure of the Confidential Information and shall take all reasonable steps to minimize the damage caused by such unauthor ised disclosure and/or further disclosure of the Confidential Information.

The User undertakes day to Confidential Information in any manner or form; confidential Information in any manner or form; confidential Information in any manner or form; confidential Information or anything similar thereto.

The obligations of the User present to the provisions of this Agreement to the user present to the provisions of this Agreement to the provisions of the User shall advise the BHF to take whatever steps it deems reasonable to provide the User will endeavours to protect the confidentiality of such information to the widest extent possible in the circumstances, and its disclosed to a third party pursuant to the prior without the provisions of the BHF;

BEAGA AND TERMINATION

Should any Party (the Defaulting Party) commit a breach, other than a material breach, of any of the provisions of this Agreement, then any other Party (the Aggrieved Party) shall be entitled to require the Defaulting Party to remedy the breach within 15 (five) Business Days, or any other reasonable time, of delivery of a written notice requiring it to do so. If the Defaulting Party and of the Defaulting Party and 13.6.2 14. 14.1 Any termination of this Agreement pursuant to the provisions of clause 14.2 shall be without prejudice to any claim which a Party may have in respect of any prior breach of the terms and conditions of this Agreement by the other Party.

FORCE MAJEURE
In the event of any act of God, strike, war, warlike operation, rebellion, riot, civil commotion, lockout, combination of workmen, interference of trade unions, suspension of labour, fire, accident, unavailability, failure or suspension of services provided by third parties, or (without regard to the foregoing enumeration) of any circumstances arising or action taken beyond or outside the reasonable control of the Parties hereto preventing them or any of them from the performance of any obligation hereunder (any such even thereinafter called force Majeure) them the Party affected by such Force Majeure shall be relieved of its obligations hereunder during the period that such Force Majeure continues (excluding payment obligations for materials purchased) but only to the extents or prevented and shall not be liable for any debay or failure in the performance of any obligations hereunder or loss of damage which the other Party end to to or resulting from the Force Majeure, provided adways that a written notice shall be promptly given of any such inability by the affected Party. Any Party invoking Force Majeure shall upon the termination of such Force Majeure give prompt written notice thereof to the other Parties. Should Force Majeure continues for a period of more than 90 (ninety) days, then either Party shall be entitled forthwith to cancel this Agreement.

CESSION AND DELEGATION The User shall not without the prior written consent of the BHF, which may not be unreasonably withheld cede, delegate, transfer, allenate, hypothecate, or otherwise dispose of any of its rights or obligations under this Agreement. The BHF shall at all times be entitled to sell, cede, assign, make over unto or in favour of any person all its rights, title, and interest in and to this Agreement but not its obligations hereunder.

ADDRESSES ADDRESSES
Each Party chooses the addresses set out opposite its name below as its addresses to which all notices and other communications must be delivered for the purposes of this Agreement and its Domicilium citandi et executandi (Domicilium) at which all documents in legal proceedings in connection with this Agreement must be served.

The 8HF Domicilium Tower, 100 an Smut -Cnr. Tyrwhitt Ave, Rosebank, 2196
Potatla address: Do Box 2863, Saxonwold, 2132
Contact No: 0.11 337 0200
Email: Cleanterwise; 8Dbx 2863, Saxonwold, 2132
Contact No: 0.11 337 0200 The User A recorded in the PCNS. Any notice or communication required or permitted to be given to a Party pursuant to the provisions of this Agreement shall be valid and effective only if in writing and sent to a Party's chosen address, telefax number, or e-mail address in accordance with the provisions of clause 17.6, provided that documents in legal proceedings in connection with this Agreement may only be served at a Party's Domicilium. number, or e-mail address, provided that:
the change shall become effective on the 10th (tenth) Business Day after the receipt or deemed receipt of the notice by the addressee in accordance with the provisions of clause 17.4, and any change in a Party's Domicilium and dates in South Afficia, which is not a post office box or a poste restants.
Any notice to a Party contained in a correctly addressed envelope; and sent by repeal of registered post to it at its choicen address in clause 17.1 or delivered by hand to a responsible person during ordinary business hours at its chosen address in clause 17.1. or delivered by hand to a responsible person during ordinary business hours at its chosen address in clause 17.4. and have been received in the case of clause 17.4. on the day of delivery.
Any notice by telefax or e-mail to a Party at its telefax number or e-mail address shall be deemed, unless the contrary is proved, to have been received in the case of clause 17.4. on the day of delivery.
Any notice by telefax or e-mail address is a set out in clause 17.1. DISPUTE RESOUNDING

If a dispute between the Parties arises out of or is related to this Agreement, the Parties shall meet and negotiate in good fails to attempt to resolve the dispute, failing which either Party shall be entitled to institute any proceedings against the other Party in any court of competiting inflication. 17.2 17.3 17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5 17.6 17.7 11000000000 18. of competent jurisdiction. MUTUAL SUPPORT Parties undertake at all times to do all such things as may be in their power to do so, to perform all such acts and to take all such steps and to procure the doing of all such things, the performance of all such actions and the taking of all such steps as may be open to mad necessary for or indefault at the putting into effect or maintenance of the terms, conditions, and import of the all sevents. SUPPENDING LAW

The entire provisions of this Agreement shall be governed by and construed in accordance with the laws of the Republic of South Africa. Furthermore, the Parties hereto hereby irrevocably and unconditionally consent to the non-exclusive jurisdiction of the High Court of South Africa, Gauteng Local Division, Johannesburg in regard to all matters arising from this Agreement.

COSTS 21. 22. Each Party shall bear its own costs of and incidental to the negotiation, preparation, and execution of this Agreement. 23.1 23.2 for not.

No variation, amendment, or consensual cancellation of this Agreement or any provision or term hereof and no settlement of any disputes variety under this Agreement, and no extension of time, washer or relaxation, or suspension which is so given or made shall be construed as relating strictly to the matter in respect whereoff it was made or given.

No extension of time or washer or relaxation of any of the provisions or terms of this Agreement, shall operate as an estoppel against any Party in respect of the relative to the provision of any of the provisions or terms of this Agreement, shall operate as an estoppel against any Party in respect of 1st rights under this Agreement.

No failure by any Party to enforce any provision of this Agreement, shall constitute a washer of such provision or affect in any way such Party's right to require the performance of such provision at any time in the future, nor shall a walver of a subsequent breach nullify the effectiveness of the provision itself.

Except as provided for under this Agreement, party to enforce any party to enforce any party to enforce and party to enforce an 23.3

> Initials _____ nitiais -____

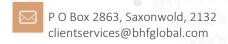
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23.4 23.5 23.6 23.7







Company Registration No. 2001/003387/08

Declaration

I, the undersigned, hereby declare that the information contained on the annexed application form is valid, and correct and reflects my personal information as of the date of signature hereof.

I duly authorise the Board of Healthcare Funders (BHF) to disseminate the information set out in the annexed application form with the BHF's member schemes/Administration Houses and/or PCNS Users for reimbursement purposes. To the extent that the information provided is not true and correct, I hereby indemnify the BHF against any claims which may be instituted against the BHF as a result of the incorrect information which I have provided to the BHF.

I undertake to promptly advise the BHF of any changes to my practice profile as and when such changes may occur.

I further declare that I will abide by the following:

I agree to annually renew my practice number and to pay the annual fee, as determined by BHF, towards the maintenance and running of the PCNS for the period that my practice number remains active.

I acknowledge that failure to renew the registration on an annual basis and to pay the annual fee in respect of the maintenance and running of the PCNS will result in my practice number being rendered inactive.

I agree to comply with all relevant legislation, in particular the provisions of the Medical Schemes Act, 1998. In this regard, I agree to comply with the requirement to include diagnostic codes, and the full cost on my accounts or statements used to claim benefits from medical schemes and administrators.

I declare that I will comply with the requirement of regulation 5(f) of the General Regulations of the Medical Schemes Act and will use the ICD 10 Code for this purpose.

I declare that I will comply with the requirement of regulation 5(h) of the General Regulations to the Medical Schemes Act requiring the full cost of rendering service to be included on all accounts or statements.

I declare that I am registered with the relevant South African statutory body.

I agree to comply with all obligations in terms of the Income Tax Act.

I acknowledge that a practice number does not guarantee payment by a medical scheme or medical scheme administrator and shall under no circumstances attempt to recover any payment costs from the BHF, or unnecessarily involve the BHF in any disputes that I may have with a medical scheme administrator.

I agree that, in the event that I become aware of any fraudulent activities associated with my practice number, I will immediately notify the BHF thereof, and shall assist the BHF with any investigation action which may be taken by the BHF's Forensic Management Unit.

I agree to be bound by the BHF's policies and terms and conditions relating to the use of practice numbers as amended from time to time and shall familiarise myself with the content of any updates to such policies and terms and conditions which the BHF may make from time to time and shall use the practice number only in accordance with the BHF's latest amendments and requirements pertaining to the use of the practice number.

Please show by ticking the below that you have read and completed the following sections of the form, which are attached hereto:

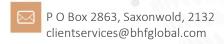
1.	Submitted all required documents certified by an impartial Commissioners of Oaths with a certification date that is not older than 6 months	
2.	Form providing details of the practice completed in block letters	
3.	Completed and signed bank verification form accompanied by a stamped bank letter not older than 3 months(where applicable)	
4.	Section requesting authorisation for the bank debit order instruction for PCNS annual renewal fees completed in block letters (optional)	
5.	Signed declaration that you have read the Terms and Conditions for use of a Practice Number	0
6.	By submitting this application form you understand that the PCNS Application fee is non-refundable	

NB: Digital signatures are not acceptable and may delay the processing of your application.

SIGNATURE OF APPLICANT	DATE
FULL NAME AND SURNAME OF SIGNATORY	



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