

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

# Practice Code Number Application Form: Day Clinic or Unattached Operating Theatre Unit

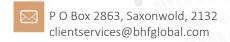
The BHF's PCN unit ("PCNS") is the entity tasked with the administration of practice code numbers. It is the responsibility of the applicant to complete the particulars required hereunder and to supply all the necessary information, as per the PCN application. The PCN unit will allocate PCNs to suppliers 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:  $\Box$ 

1	The completed application form and supporting documents can be sent to pcns_admin@bhfglobal	
2	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.	
3	Should this application be for a change of ownership, a New Practice Code Number will be issued, and the previous Practice Code Number will be closed.	
4	If you have an existing practice number and are applying for a change of discipline or change of ownership you are liable to ensure that both practice numbers are paid for. Failure to pay for the existing practice number and the correct application fee for your change of discipline or change of ownership may delay the issuing of your new practice number.	
5	PCNS has contracted the Council for Health Service Accreditation of Southern Africa (COHSASA) to inspect on its behalf. All inspections will be carried out per the current PCNS inspection criteria. A copy of the criteria is attached to the application form Addendum 1 for your information.	
6	The PCNS Application fee and Inspection fees, as published on the PCNS website (www.pcns.co.za), must be paid to PCNS before the inspection is undertaken. Final invoices will be issued for the inspection fee and actual travel costs. In the event of a refund on the inspection fee, the amount will be paid into the same account as given on the banking details verification form.	
7	Please be advised that the Registration Date of your practice number will default to the date the PCN is successfully inspected by COHSASA.	
8	The PCNS practice number is not transferrable.	
9	Please ensure that you submit a valid DoH license annually as this is an annual requirement to avoid the suspension of your practice number.	
10	The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.	
11	Should you have any Queries regarding this Application, please contact Client Services at +27 87 210 0500 or e-mail clientservices@bhfglobal.com	









Lower Ground Floor, South Tower

1Sixty Jan Smuts, Rosebank, 2196

#### BOARD OF HEALTHCARE FUNDERS NPC

Company Registration No. 2001/003387/08

		PLEASE TIC			
New Application		Change of Ownership		Existing practice number if Change of Ownership	
			Please	supply the effective date for the Change of Ownership	
		PLEASE TICK	THE APPROPE	LIATE DISCIPLINE	
Day Clinic				Unattached Operating Theatre Unit	
				_	
Please show by ticking	ng the	below that you have re	ead and unders	tood the information: $\square$	
ths authority. The comm terest in the HSP (such as imp on the certified docur 6 months from the date ofessional must be registed hemes Act (Act. No 131 of	issioner s any im ment mu e of cer ered by f 1998).	of oaths should be imparti mediate family members o ust be dated, including the na tification. Please note that a regulatory body or a licen	ial, unbiased, not f the HSP, any em ame of the Commis the BHF policy re sing authority in t	DOCUMENTATION by a South African registered Commiss related to the Healthcare Service Provider (HSP), and who ployee or employer of the HSP, or any colleague of the HS issioner of Oaths and the words COMMISSIONER OF OATHS, a quires that to obtain a practice number, an applicant hea erms of South African Law, as this is a requirement of the Number may not be issued without the following the provided that the provided HTML is t	has n SP). Th nd vali Ith car Medica
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DIRECTORS NJ Khauoe (Chairperson) • G Goolab (Deputy Chairperson) • JK Mothudi (Managing Director) • GA Bartlett • BC Kamanga (Malawi) • NPB Khumalo • JH Joubert • SM Mkhonta (eSwatini) • TM Mloyi-Ncube (Zimbabwe) • CM Mokgosana (Botswana) • BOS Moloabi • FM Mosoeu • MS Mphomela • RR Nandkoomar • FV Nompumza • HC Schäfer (Namibia) • MC Wilson

P O Box 2863, Saxonwold, 2132

clientservices@bhfglobal.com

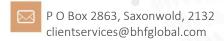
T 087 210 0500



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						
OWNER/APPOINTED PROXY DETAILS						
Title  ID Number_	Initials	First N		Surname		
	Please note	that requ		RVICE DETAILS ne original starting date cannot be acco	mmodated	
Facility Nan	Facility Name					
Tax Numbe	r (if applicable)			Vat Number (if applicable)		
Registered	Company Yes	No	Company Registration Number			
Practice Postal	Address			Practice Physical Address		
Suburb				Suburb		
	Province_			Town  CodeProvince	0000000	
(If no telephon	phone Number () e number is provided your cell ber on the system as this is a i	phone numbe	r will be captured as the main	Applicant's Cell Number ()  Applicant's E-mail  Address		
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 selected).						
EDI User	EDI Company:			EDI website address:	10000	
Bureau	Telephone Number:			Bureau Name:		









Company Registration No. 2001/003387/08

# **Banking Details Verification Form**

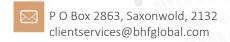
#### To: BHF Client Services

I/ We 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 3<sup>rd</sup> party.

We recommend that application for a PCN	you comple and lead to	te the form	n in BLOCK ne informat	letters	only OR/	type to complete. Unclear handwriting may de	elay the processing of your
Practice Name							
Bank Name							
Branch Name							
Account Name (not account type)							
Account Number							,
Account Type	Current	Savings	Transmis	sion			
Account Registration Type	ID Numbe		ompany gistration	Enter 1	ID/Compan	y Registration Number(s)	,
						1100	2000
							0000000
Authorised	Bank Account	t Holder ini	tials and Su	ırname/s	5	Authorised Bank Account Holder	rs Signature/s
		NB: Digital	signatures a	nre not acc	ceptable and	may delay the processing of your application.	
SIGNATURE OF PRA	CTICE OWNE	R/APPOIN	TED PROXY			DATE	X 2 9 9 0
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FULL NAME AND SUR	NAME OF PR	ACTICE OV	/NER/APPO	INTED F	PROXY		9000
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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

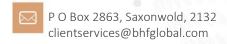
Please be advised that there is an annual practice code number renewal fee payable before the 31<sup>st</sup> of March each year. Should you wish to activate a debit order instruction for the practice number renewal fee, please complete and authorise the below section. **Incomplete debit order information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

#### Bank details for debit order transaction purposes only

The details of my/our account are as follows:

Bank Name:				
Account Holder Name:				
Account Number:				
Account Type:				1
(please select the applicable date  February 2  This instruction may be cancelled	28 <sup>th</sup>	Marc	<b>h 31<sup>st</sup></b>	
refunds of amounts legally owing  I/We acknowledge that BHF here  I/we may not delegate any of my	to BHF, which BHF has withdrawn wheby authorised to effect the drawing a lour obligations in terms of this instruc-	nilst this instruction was in force.  gainst my/our account may not ce	ede or assign its	rights and tha
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# **PCNS Registration and Inspection 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.

Please be advised that if there is an existing practice number and you are applying for a change of ownership both practice numbers are to be paid for. Failure to pay for the existing practice number and the correct application fee for your change of discipline or change of ownership may delay the issuing of your new practice number.

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: <a href="https://www.pcns.co.za/Home/Fees">https://www.pcns.co.za/Home/Fees</a>

#### Amount payable

- Application fee for a new account (no existing practice)
- Change of ownership where a change in ownership has taken place (existing practice)

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**

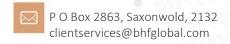
Bank: Nedbank

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 you use the Facility's name or PCNS-issued reference number as a reference









Company Registration No. 2001/003387/08

## TERMS AND CONDITIONS FOR THE USE OF A PRACTICE NUMBER

1.1 Agreement shall mean these terms and conditions, as amended from time to time.

Business Day shall mean and conditions, as amended from time to time.

Business Day shall mean and conditions, as amended from time to time.

Commencement Date shall mean 1 April 2016.

Commencement Date sh PCNS shall mean the Practice Code Numbering System owned by the BHF, which includes a list of unique practice billing code for providers of healthcare services in South Africa, Namibia, and Lesotho, including any updates, upgrades, and or amendments thereto from time to time;
Practice Number shall mean the nather all mean the nather all controls and the System of 2.2.9 2.2.10 2.2.11 2.3 2.4 2.4.1 2.4.2 2.4.3 2.5 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.

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

e any term is defined within the context of any particular clause in this Agreement, the term so defined, unless it is clear from the clause in question that the term so defined has limited application to the relevant clause, shall bear the same meaning as ascribed to all purposes in terms of this Agreement, notwithstanding that term has not been defined in this interpretation clause.

se of the word including followed by a specific example or examples shall not be construed as limiting the meaning of the general wording preceding it and the elusdem generis rule shall not be applied in the interpretation of such general wording or such specific ple or examples. 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 be binding on and enforecable 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, as the case may be.

The expiration or termination of this Agreement shall not affect the provisions of this Agreement which expressly provide that they will operate after any such expiration or termination or which of necessity must continue to have effect after such expiration or termination, notwithstanding that the clauses themselves do not expressly provide for this.

INTRODUCTION 2.13 The BHF has developed the PCNS in order to facilitate the procedure in terms of which the Members make payments to User. In order for the Members to make payment to a User, the User must be registered with the BHF and the BHF must have allocated a Practice Number to the User.
The Parties accordingly enter into this Agreement to record the terms and conditions on which the BHF will issue the User with a Practice Number, and that will apply to the use of the Practice Number.
COMMENCEMENT AND DURATION
In respect of a User to whom the BHF has already allocated a Practice Number prior to the Commencement Date, this Agreement shall commence on the Commencement Date. In respect of a User to whom the BHF issue a Practice Number after the Commencement Date. 4. 4.1 In respect, of a viser to window the one rise alteracy and cated a Practice number prior to the Commencement Date, this Agreement shall commence on the Signature Date.

This Agreement shall endure for as long as the User has a Practice Number and makes use of the PCNS unless otherwise terminated in accordance with the provisions of this Agreement.

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 Agreement. The 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 members of the Members, and such other purposes as may be agreed to by the BHF in writing from time to time. To strance. FEE
The User shall pay to the BHF the Fee that can be found on the PCNS website www.pcns.co.zo on or before 31. March in every calendar year. The Fee shall be subject to an annual escalation as determined by the BHF Board 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 payment but one it terms of this Agreement into the BHF's bank account, the User from time to time.

Interest shall accuse on the outstanding balance of all amounts due and payable but unpaid by the User from time to time. In the User from time to time.

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Interest shall be charged at the rate of interest published as being charged from time to time by the BHF's bankers, as certified by any distingtion on the Parties, plus a margin of 2% (two percent) (or at the maximum rate all owed by law, whichever is 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. 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. OBLICATION OF THE USER

The User indertals: 7. 7.1 7.2 8. introper unvertables.

To use the Practice Number in accordance with the provisions of this Agreement, the BHF's codes of conduct, and policies relating to the use of the PCNS and/or Practice Number.

To use the Practice Number exclusively for such purposes as set out in clause 5.

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To use the Practice Number (so with the User's Number to the Number to the Number for the purpose of the Number for the purpose of the Number for the PCNS on purposes of the Number for the 8.1 8.2 8.3 8.4 not to allow any third party who does not have a Practice Number to log onto the PCNS with the User's login details est out in clause; so the state of the User's Practice Number. So the state 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 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. 8.5 8.6 8.7 8.8 8.9 8.10 8.11 to ensure that the user's minimation on the PCA'S is aways currient and updated.

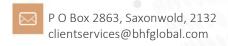
IUMINITATION OF LIABILITY

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) which caused 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 10. rensormal information. The BHF processing all such personal information relating to the User that is necessary for the proper running and functioning of the PCNS and authorizes the BHF to share such personal info accordance with and for such purposes allowed for by the Protection of Personal Information Act, 2013. 



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





Initials



Company Registration No. 2001/003387/08

13.3 13.4

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 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 in and to 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.

13. 13.1 13.2

may have in any such improvements and/or development to the BHF.

CONFIDENTIAL INFORMATION

The User acknowledges that the Confidential Information constitutes a valuable, special, and unique asset proprietary to the BHF.

The User will treat and keep all Confidential Information in confidence and as secret and the User will not, 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 trade (whether in writing or orally or in any other manner) any of the Confidential Information to any third party who is not a party to this Agreement.

He User undertakes that it will not use the Confidential Information in any manner whatsoever including, without limitation, any use with the intention or effect of depriving the BHF of any fees, consideration, profit, or other remuneration that would reasonably be expected to be devired from the user of the Confidential Information in capture in this Agreement and/or with prior specific agreement and consort being obtained from the BHF in writing, and will take all steps necessary to procure that its employees, professional advisors, agents and consultants comply with this 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 of the Confidential Information and shall take all reasonable steps to minimize the damage caused by such unauthorised disclosure of the Confidential Information.

The User undertakes not to: copy, reproduce or adapt the Confidential Information in any manner or form;

copy, reproduce or adapt the Condential Information in any manner or form; develop anything similar to the Confidential Information, and/or register any intellectual property that pertains to or is based on the Confidential Information or anything similar thereto. The obligations of the User provision to the User pursuant to the provisions of this Agreement shall not apply to any information that: is disclosed by the User to satisfy an order of a court of competent jurisdiction to to comply with the provisions of any law or regulation in force from time to time; provided that in these circumstances, the User shall advise the BHF to take whatever steps it deems recessary to protect its interests in this regard provided further that the User will disclose only that portion of the information which it is legally required to disclose and the User will endeavours to protect the confidentiality of such information to the widest extent possible in the circumstances; and is disclosed to a third party pursuant to the prior written consent of the BHF; 13.5.2 13.5.3 13.6 13.6.1

13.6.2 14. 14.1

necessary to protect.

In possible in the circumstances, and provided to a third party pursuant to the prior written consent of the BHF;

BREACH AND TERMINIATION

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 reme dy the breach within 15 (five) Business Party of a written notice requiring it to do so. If the Defaulting Party fails to remedy the breach within the period specified in such notice the Aggrieved Party shall be entitled to claim immediate payment and/or performance by the Defaulting Party of all of the Defaulting Party's obligations. The aloregoing is without prejudice to such other rights as the Aggrieved Party may have at law.

The BHF may immediately terminate that Agreement at any time by giving written notice of such termination to the User if:

the User is, other than for the purposes of reconstruction or amalgamation, placed under voluntary or compulsory liquidation/sequestration (whether provisional or final) or under business rescue or under receivership or under the equivalent of any of the aforegoing; a final and numapepelable judgment angiants the User remains unsatisfied for a period of 10 (leg) Business Spay or more after it comes to the notice of the User;

the User makes any arrangement or composition with its creditors generally or ceases to carry on business;

cases to render medical services and/of becomes numbroized to or disqualified from providing medical services.

une user makes any artinoperation of composition with its Creatives Secretary of unconverse; excess to render medical services and/or becomes unauthorized to or disqualified from providing medical services.
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 MAPLEE
In the event of any act of God, strike, war, warlike operation, rebellion, rior, 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,

in the event or any act, to 'ous, strate, war, warine operation, rote, common common, common or work meet, interference or a rote of most partners, or war o the attenced Party. Any Party involving rotter wageure shall upon the termination of such rotter wageure give prompt written moute timered to the other Parties. Snown rotter wageure commons are person of more than 20 (mill forthwith to cannel this Agreement but more than 20 (mill forthwith 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 Agree 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.

Last Party chooses the addresses set out opposite its name below as its addresses to proceedings in connection with this Agreement must be served.

The BHT Domains South Tower, 160 an Smut - Corr. Tyrwhitt Ave, Rosebank, 2196 Postal address: PO Box 286.5, Saxonwold, 2132
Contact No. 113 73 0200
Email: Elentservices@bhfglobal.com.

and The User As recorded in the PCNS. As recorded in the PCNS.
As recorded in the PCNS.
As recorded in the PCNS.
As recorded in the PCNS.
As 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 pormicilium.
Any Party may by written notice to the other Party, change its chosen address, telefax 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 bornicilium and address in South Africa, which is not a post office box or a poste restante.
Any notice to a Party contained in a correctly addressed envelope; and sent type repaid registered post to it 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 17.1; 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 17.1; 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 17.1; 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 17.1; or delivered by hand to a responsible person during ordinary business hours at its chosen address in clause 17.1; or delivered by 17.2

17.3 17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5 17.6 17.7

18.

19.

delivered by hand to a responsible person during ordinary business hours at its shosen address in clause 17.1;
shall be deemed to have been received in the case of clause 17.4 and 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 on the first Business Day after the date of transmission.

Notwithstanding synthing to the contrary contained in this clause 5, a written notice or communication actually received by a Party shall be an adequate written notice or communication to it notwithstanding that it was not sent to or delivered at its chosen address, telefax number, or e-mail address as set out in clause 17.1.

DISPUTE RESOURTION

If a dispute between the Parties arises out of or is related to this Agreement, the Parties shall meet and negotiate in good faith to attempt to resolve the dispute, falling which either Party shall be entitled to institute any proceedings against the other Party in any court of competent jurisdiction.

MUTILAL SUPPORT

20.

The 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 them and necessary for or incidental to the putting into effect or maintenance of the terms, conditions, and import of this Agreement.

is to this Agreement hereby warrant to each other Party that it is duly authorised and has taken all required corporate and other action to ensure that this Agreement is valid, binding, and enforceable against it. 21.

KNINIOL LAW
Aftire 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 uth Africa, Gauteng Local Division, Johannesburg in regard to all matters arising from this Agreement.

22.

This document contains the entire agreement between the Parties in regard to the subject matter hereof.

No Party shall be bound by or have any claim or right of action arising from any express or implied term, undertaking, representation, warranty, promise, or the like not included or recorded in this document whether it induced the contract and/or whether it was negligent

or not.

No variation, amendment, or consensual cancellation of this Agreement or any provision or term hereof and no settlement of any disputes arising under this Agreement, and no extension of time, waiver or relaxation, or suspension of any of the provisions or terms of this Agreement shall be boiling or have any force and effect unless reduced to writing and signed by or on behalf of the Parties. Any such extension, waiver 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 valver or relaxation of any of the provisions or terms of this Agreement shall be borned as relating strictly to the matter in respect whereoff it was made or given.

No extension of time or valver or relaxation of any of the provisions or terms of this Agreement shall operate as an estopped against a provision of this Agreement shall constitute a waiver 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 waiver of a subsequent breach nullify the effectiveness of the provision itself.

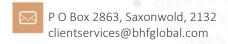
Except as provided for under this Agreement, no Party shall cede any of its rights or delevate any of its rights under this agreement. 23.3 23.4 23.5

No failure by any Party to enforce any provision of this Agreement shall constitute a waver of such provision or affect an any way such rarry 3 rights or sequence use per use

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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	
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 OWNER/APPOINTED PROXY	DATE

FULL NAME AND SURNAME OF OWNER/APPOINTED PROXY



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





T 087 210 0500