

Company Registration No. 2001/003387/08

# Practice Code Number Application Form: Dental Laboratory

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: <a href="https://www.dpsa.gov.za/resource_centre/psverification/">https://www.dpsa.gov.za/resource_centre/psverification/</a> . 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: <ul> <li>Confirmation of Community of Service Completion</li> <li>Resignation letter</li> <li>RWOPS Approval Certificate</li> <li>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</li> <li>Sessional Work Contract.</li> </ul> |      |  |  |  |  |
|   | 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.  | 3000 |  |  |  |  |
| 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.   | 6    |  |  |  |  |
| 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.   | P    |  |  |  |  |
| 6 | PCNS does not issue practice numbers to Healthcare Practitioners who are registered under supervised practice with their regulatory council.   |      |  |  |  |  |
| 8 | The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.   |      |  |  |  |  |
| 9 | Should you have any Queries regarding this Application, please contact Client Services at <b>+27 87 210 0500</b> or e-mail <u>clientservices@bhfqlobal.com</u>   |      |  |  |  |  |











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

### SUPPORTING DOCUMENT CERTIFICATION

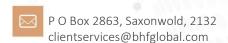
Applications <u>WILL NOT BE PROCESSED WITHOUT CERTIFIED COPIES OF ORIGINAL DOCUMENTATION</u> by a South African registered Commissioner of Oaths authority. The commissioner of oaths should be impartial, unbiased, not related to the Healthcare Service Provider (HSP), and who has no interest in the HSP (such as any immediate family members of the HSP, any employee or employer of the HSP, or any colleague of the HSP). The stamp on the certified document must be dated, including the name of the Commissioner of Oaths and the words COMMISSIONER OF OATHS, <u>and valid for 6 months from the date of certification</u>. Please note that the BHF policy requires that to obtain a practice number, an applicant health care professional must be registered by a regulatory body or a licensing authority 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   |     |  |  |  |  |
| • Passport and proof of permanent residence, where the applicant is not a South African citizen.                           |     |  |  |  |  |
|  |     |  |  |  |  |
| 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   |     |  |  |  |  |
| <ul> <li>Marriage Certificate or</li> <li>Divorce Decree or</li> </ul>   |     |  |  |  |  |
| A confirmation letter  | 1   |  |  |  |  |
| • A committation letter  | /\  |  |  |  |  |
| Certified copy of the Laboratory registration certificate from the Dental Technicians Council of South Africa (mandatory)  |     |  |  |  |  |
| A stamped bank account confirmation letter not older than 3 months accompanied by the bank verification form on page 4 of  | 1   |  |  |  |  |
| this application form signed by the practice owner and the authorised bank account holder/signatory (mandatory for banking | 000 |  |  |  |  |
| details that belong to a 3rd party)  |     |  |  |  |  |
|  |     |  |  |  |  |
| Proof of subscription from the Dental Technicians Council that the fee has been paid for the current year (mandatory)      |     |  |  |  |  |
| Document confirming 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).   |     |  |  |  |  |
| Carry of the Closed Comparation (se) Descripty Limited Dty (LTD) Incomparation Company, or Not Few Duelit Overvication     |     |  |  |  |  |
| Copy of the Closed Corporation (cc), Propriety Limited Pty (LTD), Incorporation Company, or Not For Profit Organisation    |     |  |  |  |  |
| registration certificate from the Registrar of Companies (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 THE DELAY IN THE PROCESSING OF YOUR APPLICATION FOR A PCN.











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| 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 DETAILS   |  |              |             |  |  |
| Title Initials First Names  ID Number   |  |              |             |  | Surname  Council Number  |
|   |  |              | P           |  | CE DETAILS: the original starting date cannot be accommodated                              |
|   |  |              |             | lease note that requests to buchdute 5                             | the onghai starting date Cannot be accommodated  |
| Vat Number (if appl   | ilicable)                                  |              |             |  | Tax Number (If applicable)   |
| Government Employ   | yee  | Yes          | No          | If yes, please provide Certificate: Approval of other              | her Remunerative Work  |
| Incorporated Comp   | pany                                       | Yes          | No          | Company registration number (if applicable                         | le)  |
| Name and Surname Telephone Number   |  |              | CONTACT     | DETAILS FOR THE PERSON RESPONSIBLE TO  Designation  E-mail address | CONFIRM YOUR RWOPS/ NATURE OF STATE EMPLOYMENT   |
| · ·   |  | external v   | alidation p | rocess with your employer, the issuing of your                     | r practice number will be delayed.   |
| Practice Postal A   | Address                                    |              |             |  | Practice Physical Address  |
|   |  |              |             |  | 111000000  |
| Suburb  |  |              |             |  | Suburb   |
| Town  |  |              |             |  | Town   |
| Code  | Pi   | rovince      |             |  | CodeProvince   |
| Applicant's Tele  | :phone Number (                            | )            |             |  | Applicant's Cell 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)  |  |              |             |  | Applicant's E-mail address   |
| Please ensure th selected).   | hat you provide the f                      | full contact | t informati | ion for both the applicant as well as information                  | ation 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<br>Number:<br>Email<br>Address:_ |              |             |  | Bureau Name:   |
|   | , iddi essi                                |              |             | 77   | 1.0x 0.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |



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



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



T 087 210 0500



Company Registration No. 2001/003387/08

# **Banking Details Verification Form**

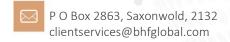
#### To: BHF Client Services

I/ We declare that the details on this Banking Verification Form and attached bank letter are correct and 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 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  |              |             |                      |            |              |                   |                                |                |
|--|--------------|-------------|----------------------|------------|--------------|-------------------|--------------------------------|----------------|
| Practice Name  |              |             |                      |            |              |                   |                                |                |
|  |              |             |                      |            |              |                   |                                |                |
| Bank Name  |              |             |                      |            |              |                   |                                |                |
| Branch Name  |              |             |                      |            |              |                   |                                |                |
| Account Name (not account type)  |              |             |                      |            |              |                   |                                | 0              |
| Account Number   |              |             |                      |            |              |                   |                                |                |
| Account Type   | Current      | Savings     | Transmis             | sion       |              |                   |                                |                |
| Account<br>Registration Type   | ID Numbe     |             | ompany<br>gistration | Enter .    | ID/Compai    | ny Registration I | Number(s)                      |                |
|  |              | •           |                      |            |              |                   | 1111000                        |                |
|  |              |             |                      |            |              |                   |                                | 99000          |
| Authorised I   | Bank Account | t Holder in | tials and Su         | ırname/    | s            |                   | Authorised Bank Account Holder | rs Signature/s |
|  |              |             |                      |            |              |                   |                                |                |
|  |              | NB: Digita  | l signatures a       | are not ac | ceptable and | may delay the pr  | ocessing of your application.  |                |
|  |              |             |                      |            |              |                   |                                |                |
|  |              |             |                      |            |              |                   |                                |                |
| SIGNATURE OF PRACTICE OWNER/APPOINTED PROXY  |              |             |                      |            |              | DATE              |                                |                |
|  |              |             |                      |            |              | . ##67            |                                | 0086           |
| THE STORY OF THE S |              |             |                      |            |              |                   |                                |                |
| FULL NAME AND SURNAME OF PRACTICE OWNER/APPOINTED PROXY  |              |             |                      |            |              |                   |                                |                |
| /4   |              |             |                      |            |              | 0004646           |                                |                |
|  |              |             |                      |            |              |                   |                                |                |
|  |              |             |                      |            | / /          |                   | 7                              | 7700           |
|  |              |             |                      |            | / /          | 1100              |                                |                |









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

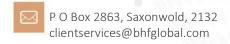
Please be advised that there is an annual practice code number renewal fee payable before the 31<sup>st</sup> of March each year. Should you wish to activate a debit order instruction for the practice number renewal fee, please complete and authorise the below section. **Incomplete debit order information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

## Bank details for debit order transaction purposes only

The details of my/our account are as follows:

| 4   |  |                                 |                        |                   |
|---|--|---------------------------------|------------------------|-------------------|
| Bank Name:  |  |                                 |                        |                   |
| Account Holder Name:  |  |                                 |                        |                   |
| Account Number:   |  |                                 |                        |                   |
| Account Type:   |  |                                 |                        | 1                 |
| I/We hereby request and authorise (please select the applicable date):  February 28 <sup>tl</sup> |  |                                 | I fee on either of the |                   |
| This instruction may be cancelled by refunds of amounts legally owing to E                        |  |                                 |                        | ot be entitled to |
| I/We acknowledge that BHF hereby a<br>I/we may not delegate any of my/our<br>party.               |  |                                 |                        |                   |
|   |  |                                 |                        | i trie authoriset |
| Signed at:  | on this  | day of                          | 20_                    |                   |
| Signed at:  | on thisal signatures are not acceptable and ma |                                 |                        |                   |
|   |  |                                 |                        |                   |
|   |  |                                 |                        |                   |
|   | al signatures are not acceptable and ma        | ay delay the processing of your |                        |                   |
| NB: Digita  | al signatures are not acceptable and ma        | ay delay the processing of your | application.           |                   |
| NB: Digita  | al signatures are not acceptable and ma        | ay delay the processing of your | application.           |                   |
| NB: Digita  Authorised Bank Account Holder  | al signatures are not acceptable and ma        | ay delay the processing of your | application.           |                   |
| NB: Digita  | al signatures are not acceptable and ma        | ay delay the processing of your | application.           |                   |









BOARD OF HEALTHCARE FUNDERS NPC 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: <a href="https://www.pcns.co.za/Home/Fees">https://www.pcns.co.za/Home/Fees</a>

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

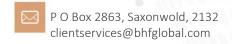
Branch: The Mall of Rosebank

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 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 date of the Party last signing this Agreement; and
User shall mean any general practitioner, medical specialist, dentitis, hospital, pharmacy, and/or any other supplier of medical and related services, who complies with the BHP's requirements to be issued with a Practice Number, and in respect of whom the BHF has 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:
any one gender includes the other gender.
and the singular includes an artificial person and vice versa; and
the singular includes the plural and vice versa; and
the singular includes the plural and vice versa.
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 shills is not a Business Day, in which case the last day shall be the immedia tely following Business 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.

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

2 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.

1 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. 2.6 2.7 2.8 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, occurrence, as 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 IN NOUTO LION
The BiFh has developed the PCNS in order to facilitate the procedure in terms of which the Members make payments to Users.
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 use the User with a Practice Number, and that will apply to the use of the Practice Number.
COMMENCEMENT AND DURATION
In respect of J as 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 has already allocated a Practice Number after the Commencement 4. 4.1 In respect, of a viser to wind much are fine a feetage anuscuse a virture number prior to the Commencement Usar, 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. FEE
The User shall pay to the BHF the Fee that can be found on the PCNS website www.pcns.co.as 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 an of an electronic fund transfer to the bank account nominated by the BHF, fee of costs, deductions, set off, and exchange, and is non-refundable.
The User shall pay all payments due in terms of this Agreement into the BHF's bank account, the details of which 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 to 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 standard of 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 to time to time to time to 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 to time to 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 time.

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Interest shall be charged at the rate of interest published as being charged from time to time before the time.

Interest shall be charged at the rate of interest published as being charged from time to time before th 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 undertakes: 7. 7.1 7.2 8. intro user unnertaness.

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 exclusively for such purposes as set out in clause 5.

To use the PCNS on any off or disclose any part of the PCNS for purposes other than those set out in clause 5 without the BHF's prior written consent.

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 authorised by User to use the User's Practice Number for the purpor. 8.1 8.2 8.3 8.4 set out in clause 5; 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 daways 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.

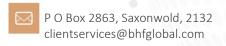
IUMINITATION OF LIABILITY

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. He was a second and the description of the PCNS and authorizes the BHF to share 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 information Act, 2013. 











Company Registration No. 2001/003387/08

13.3

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 of 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, except as allowed for in this Agreement and off or with prior specific agreement and consent 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 is considered 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 and/or further disclosure of the Confidential Information.

The User green for the Confidential Information and shall take all reasonable steps to minimize the damage caused by such unauthorised disclosure of the Confidential Information. 13.4

The User undertakes not to:
copy, reproduce or adapt the Confidential 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 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 or 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
necessary to protect its interest 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;
RRFACH AND TERMINATION 13.5.2 13.5.3 13.6 13.6.1

13.6.2 14. 14.1

necessary to protect
possible in the circumstances; and
is disclosed to a third party pursuant to the prior written consent of the BHF;

SREACH AND TERMINIATION
Should any Party (the Defaulting Party) commit a breach, other than a material breach, of any of the provisions of this Agree ment, then any other Party (the Aggrieved Party) shall be entitled to require the Defaulting Party to remedy the breach within 5 (five) Business
Days, or any other reasonable time, of delivery of a written notice requiring it to do so. If the Defaulting Party falls 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 this 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 numapepolable judgment angiants the User remains unsatisfied for a period of 10 (leg) Business Days or once 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/or becomes unanthorized to or disqualified from providing medical services.

une User makes any artinogeneem or composition with its Creatives Secretary of unconsess; 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 MAPURE
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 You, Strate, war, walline operation, rote, coin commons, commons on work men, intervenence or a rade unions, suspension or acoust, in account, managinating, manure or suspension or service, provided by many commons or work men, intervenence or a rade unions, suspension or radiour, in a success, unavailability, manure or suspension or service, provided by many commons or work managinating or extend taken beyond or outside the reasonable control of the Parties hereby reventing them or any of them from the performance of any obligations for meterials purchased) but only to the extents o prevented and shall not be liable for any delay or failure in the performance of any obligations hereunder or loss or damage which the other Party may suffer due to or resulting from the Force Majeure, provided always that a written notice shall be promptly given of any such inability 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 (interly) days, then either Party shall be entitled the attence Party. Any Party involving rotte wageure shall upon the termination of such rotte wageure give prompt written notice interest to the other Parties. Smooth rotte wageure commons are person of more than 20 (mill forthwith to cannel this Agreement but not it is obligations and the STEP of the STE

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21.

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 Jan Smut - Cer. Tyrwhitt Ave, Rosebank, 2196 Postal address: PO Box 286.5, Saxonwold, 2132
Contact No. 113 73 0200
Email: Elentservices@bhfglobal.com.add

and
The User
As recorded in the PCNS.

17.3 17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5 17.6 17.7

18.

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, provided that:

Any notice or communication required or permitted to be given to a Party pursuant to the provisions of clause 17.6, provided that counted the provisions of clause 17.6, provided that counted the provisions of the provisions o

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. 20.

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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.

KRINIOL LAW
Antire 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, mendment, or consessual cancellation of this Agreement or any provision or term hereof and no settlement of any disputes variang under this Agreement, and no extending of time, walver or relaxation, or suspension which is so given or made shall be constructed as relating strictly for the matter in respect whereoff it was make or pive.

No extension of time or walver or relaxation of any of the provisions or terms of this Agreement, walver or relaxation of any of the provisions or terms of this Agreement, walver or relaxation of any of the provisions or terms of this Agreement, and no extension of time or walver or relaxation of any of the provisions or terms of this Agreement, and no extension of time or walver or relaxation of any of the provisions or terms of this Agreement, and any of the provisions or terms of this Agreement, and any of the provisions or terms of this Agreement, and any of the provisions or terms of this Agreement, and 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, no Party shall code any of its rights or delegate any of its originations under this Agreement without the prior written consent of the other Parties.

If any clause or term of this Agreement, no Party shall code any of its rights or delegate any of its oldingtions under this Agreement without the prior written consent of the other Parties.

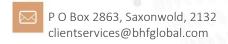
If any clause or term of this Agreement, no Party shall code any of its rights or delegate any of its oldingtions under this Agreement, provides on the parties shall negotiate in good faith to replace such clause with a clause which is valid, enforceable and legal but maintaining the essential provisions of that clause to the extent possible, provided that if the Parties shuld fail to reach agreement on such replacement clause, then the remaining terms and provisions of this Agreement shull be deemed to be severable thereform and shall continue in full for 23.3 23.4 23.5

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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:

| 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 | 1. | Submitted all required documents certified by an impartial Commissioners of Oaths with a certification date that is not older than 6 months |  |
|---|----|---|--|
| <ul> <li>Section requesting authorisation for the bank debit order instruction for PCNS annual renewal fees completed in block letters (optional)</li> <li>Signed declaration that you have read the Terms and Conditions for use of a Practice Number</li> </ul>   | 2. | Form providing details of the practice completed in block letters   |  |
| 5. Signed declaration that you have read the Terms and Conditions for use of a Practice Number  | 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)    |  |
| 6. By submitting this application form you understand that the PCNS Application fee is non-refundable   | 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 APPLICANT             | DATE |
|------------------------------------|------|
| FULL NAME AND SURNAME OF SIGNATORY |      |



