

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

# Practice Code Number Reinstatement Form: Device Supplier

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 reinstatement. The PCN unit will reinstate PCNs for suppliers of relevant health services who comply with the PCNS reinstatement verification criteria.

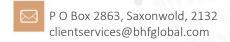
# **PLEASE NOTE**

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

| 1 | The completed reinstatement form and supporting documents can be sent to pcns_admin@bhfglobal.com   |      |
|---|---|------|
| 2 | Failure to submit all required and correctly certified documentation with your reinstatement form will result in your reinstatement being cancelled and forfeiture of the PCNS Reinstatement fee as it is not refundable. |      |
| 3 | The PCNS practice number is not transferrable.  |      |
| 4 | The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.  |      |
| 5 | Should you have any Queries regarding this Reinstatement, please contact Client Services at +27 87 210 0500 or e-mail <a href="mailto:clientservices@bhfglobal.com">clientservices@bhfglobal.com</a>                      | 0.00 |

KINDLY NOTE THIS REINSTATEMENT 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 REINSTATEMENT FOR A PCN.





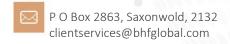




**BOARD OF HEALTHCARE FUNDERS NPC** Company Registration No. 2001/003387/08

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

| Board resolution for nominated and appointed proxy/signatory for the registration of the    |    |
|---|----|
| PCNS practice number (mandatory for facilities with more than 1 Director listed on the      |    |
| Company Registration documents)   |    |
| Copy of the owner or appointed proxy's Identity Document (mandatory)                        |    |
| Copy of the passport and proof of permanent residence permit, where the owner/appointed     |    |
| proxy is not a South African citizen  |    |
| Declaration form signed by the owner or appointed proxy (mandatory)                         |    |
| A stamped bank account confirmation letter not older than 3 months accompanied by the       |    |
| bank verification form on page 4 of this reinstatement form signed by the practice owner(s) |    |
| or appointed proxy and the authorised bank account holder/signatory (mandatory for          |    |
| banking details that belong to a 3 <sup>rd</sup> party)                                     |    |
| Copy of the Company Registration documents (where applicable).                              |    |
| Motivational letter containing the use of the product description, and Nappi Codes of the   |    |
| product to be supplied (mandatory)  |    |
| Brochure or pictures of the product to be supplied (mandatory)                              |    |
| Signed and dated letters not older than 3 months, from 2 or more Medical Schemes on the     |    |
| Medical Schemes letterhead confirming that they will pay for the products being supplied    | // |
| (mandatory)   | 1  |
| SAHPRA License  |    |
| Copy of the application submitted to SAHPRA (mandatory if SAHPRA license has not been       | П  |
| obtained)   |    |
| Copy of acknowledgment letter from SAHPRA (mandatory if SAHPRA license has not been         |    |
| obtained)   |    |
| Proof of payment of PCNS Reinstatement Fee (Non-Refundable) (mandatory)                     |    |
| For Locally manufactured devices please include:  |    |
| A copy of the SABS approval license   | P  |
| For Imported devices please include:  |    |
| A copy of the Letter of Approval from the manufacturing company to distribute the           |    |
| product in South Africa.  | 70 |
| Proof that the manufacturing company is registered with international accreditation         |    |
| bodies such as the FDA (America), EU, Australian, and Canadian Accreditation bodies.        |    |







Company Registration No. 2001/003387/08

| ŗ                          | NACTICE C          | ODL NO           | MDLKIN       | 10 3131LW                                 |                        |                            | company registration no. 2001/003307/00    |        |  |  |
|----------------------------|--------------------|------------------|--------------|---|------------------------|----------------------------|--|--------|--|--|
|                            |                    |                  |              | orm in BLOCK letters<br>ormation captured | only OR/ type to       | complete. Uncl             | ear handwriting may delay the processing o | f your |  |  |
|                            |                    |                  |              | OWNER/                                    | APPOINTED PRO          | XY DETAILS                 |  |        |  |  |
|                            |                    |                  |              |   |                        |                            |  |        |  |  |
| Title Initials First Names |                    |                  |              |   |                        |                            | Surname                                    |        |  |  |
| ID Number_                 |                    |                  |              |   |                        |                            |  |        |  |  |
|                            | Dla                | ase note         | that rec     |   | ICE SUPPLIER DI        |                            | te cannot be accommodated                  |        |  |  |
|                            | 110                | asc note         | chac req     | juests to buckdate (                      | or arter the origin    | ar starting day            | te camot be accommodated                   |        |  |  |
| Supplier Name              | 2                  |                  |              |   |                        |                            |  |        |  |  |
| Donation Novel             |                    |                  |              |   |                        |                            |  |        |  |  |
| Practice Numb              | er                 |                  |              |   |                        |                            |  |        |  |  |
| Tax Number (i              | f applicable)      |                  |              |   | Vat Numb               | oer (if applicable)        |  |        |  |  |
| Proprietary Lin            | nited              | Yes              | No           | T   | Yes                    | No                         | 7  |        |  |  |
| Closed Corpora             | ation              | Yes              | No           |   | Yes                    | No                         | Company registration (if applicable)       |        |  |  |
| Incorporated (             | Company            | Yes              | No           |   | Yes                    | No                         | Company registration (if applicable)       |        |  |  |
|                            |                    |                  |              |   |                        |                            | /\   |        |  |  |
| Practice Postal            | Address            |                  |              |   | Practice P             | hysical Address            |  | _      |  |  |
|                            |                    |                  |              |   |                        |                            | 111111111                                  |        |  |  |
|                            |                    |                  |              |   |                        | Suburb                     |  |        |  |  |
|                            |                    |                  |              |   |                        |                            |  |        |  |  |
| Suburb                     |                    |                  |              |   | Suburb _               |                            |  |        |  |  |
| Town                       |                    |                  |              |   | Town                   | Town                       |  |        |  |  |
|                            |                    |                  |              |   |                        |                            |  |        |  |  |
| Code                       |                    | Province         |              |   | Code                   | Pr                         | ovince                                     |        |  |  |
| Applicant's Tel            | ephone Number (_   | ided vour cell   | phone num    | nber will be captured as the m            | Applicant <sup>*</sup> | Applicant's Cell Number () |  |        |  |  |
| telephone nun              | nber on the systen | n as this is a i | nandatory fi | îeld)                                     |                        | Applicant's E-mail         |  |        |  |  |
|                            |                    |                  |              |   | Address _              |                            |  |        |  |  |
| EDI User                   | EDI C              |                  |              |   | FD1 / 1                |                            |  |        |  |  |
| LDI OSCI                   | EDI Company:       |                  |              |   | EDI webs               | site address:              |  |        |  |  |
| Bureau                     |                    |                  |              |   |                        |                            |  | -      |  |  |
|                            | Telephone Num      | nber:            |              |   | Bureau N               | ame:                       |  |        |  |  |
| /                          |                    |                  |              |   | /                      |                            |  | 1      |  |  |



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

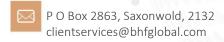
I/ We declare that the details on this Banking Verification Form and attached bank letter are correct and used by the medical schemes and their administrators for reimbursement of claims.

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 3<sup>rd</sup> party.

| We recommend that reinstatement and le                  | you comple<br>ad to errors i | te the fo  | rm in BLOCk<br>ormation cap | ( letters<br>tured | only OR/      | type to compl    | lete. Unclear handwriting may    | delay the processing | g of your |
|---|------------------------------|------------|-----------------------------|--------------------|---------------|------------------|----------------------------------|----------------------|-----------|
| Practice Number   |                              |            |                             |                    |               |                  |                                  |                      | $\neg$    |
| Practice Name   |                              |            |                             |                    |               |                  |                                  |                      |           |
| Bank Name   | Bank Name                    |            |                             |                    |               |                  | $\dashv$                         |                      |           |
| Branch Name   |                              |            |                             |                    |               |                  |                                  |                      |           |
| Account Name (not account type)                         |                              |            |                             |                    |               |                  |                                  |                      |           |
| Account Number  |                              |            |                             |                    |               |                  |                                  | 7                    |           |
| Account Type  | Current                      | Saving     | Transmis                    | sion               |               |                  |                                  | / \                  |           |
| Account<br>Registration Type                            | ID Number                    | r(s)       | Company<br>egistration      | Enter              | ID/Compai     | ny Registration  | n Number(s)                      |                      |           |
|   |                              |            |                             |                    |               | 1                | /////                            |                      | -         |
|   |                              |            |                             |                    |               |                  |                                  | 0000                 |           |
| Authorised I  | Bank Account                 | t Holder i | nitials and S               | urname/            | s             |                  | Authorised Bank Account Hold     | ers Signature/s      | 0.2       |
|   |                              | W0 0: "    | ,                           |                    |               |                  | 1110000000000                    |                      |           |
|   |                              | NB: DIGITA | ii signatures ai            | e not acc          | eptable and . | may delay the pl | rocessing of your reinstatement. |                      |           |
|   |                              |            |                             |                    |               |                  | 1111111111                       |                      | 96        |
|   |                              |            |                             | _                  |               |                  |                                  |                      | 90        |
| SIGNATURE OF PRAC                                       | CTICE OWNE                   | R/APPOI    | NTED PROXY                  | ,                  |               | 1100             | DATE                             |                      |           |
|   |                              |            |                             |                    |               | 11104            | +++++                            |                      | 90        |
|   |                              |            |                             |                    |               |                  |                                  |                      |           |
|   |                              |            |                             |                    |               |                  |                                  |                      |           |
| FULL NAME AND SURNAME OF PRACTICE OWNER/APPOINTED PROXY |                              |            |                             |                    |               |                  |                                  |                      |           |
|   |                              |            |                             |                    |               |                  |                                  |                      |           |
|   |                              |            |                             |                    |               |                  |                                  |                      | _ 0       |
|   |                              |            |                             | /                  | <u>/</u>      | Tak              |                                  |                      |           |



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





087 210 0500



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 reinstatement and lead to errors in the information captured

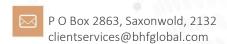
Please be advised that there is an annual practice code number renewal fee payable before the 31<sup>st</sup> of March each year. Should you wish to activate a debit order instruction for the practice number renewal fee, please complete and authorise the below section. **Incomplete debit order information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

## Bank details for debit order transaction purposes only

The details of my/our account are as follows:

| Practice Name:   |   |  |
|--|---|--|
| Bank Name:   |   |  |
| Account Holder Name:   |   |  |
| Account Number:  |   | *  |
| Account Type:  |   | /1   |
| We hereby request and au please select the applicable of   |   | th the annual PCNS renewal fee on either of the following dates  |
| February his instruction may be cancenderstand that I/we shall not as in force.  | celled by means of giving BHF 30 days' n  | March 31 <sup>st</sup> otice in writing, sent via registered post to the BHF offices. I/We lly owing to BHF, which BHF has withdrawn whilst this instruction   |
| his instruction may be cance inderstand that I/we shall not as in force.  We acknowledge that BHF  | celled by means of giving BHF 30 days' not be entitled to refunds of amounts legathereby authorised to effect the drawing a   | otice in writing, sent via registered post to the BHF offices. I/We  |
| his instruction may be canced inderstand that I/we shall not last in force.  We acknowledge that BHF we may not delegate any of arty.              | celled by means of giving BHF 30 days' not be entitled to refunds of amounts legal hereby authorised to effect the drawing a f my/our obligations in terms of this instruction. | otice in writing, sent via registered post to the BHF offices. I/We lly owing to BHF, which BHF has withdrawn whilst this instruction against my/our account may not cede or assign its rights and that  |
| his instruction may be canced inderstand that I/we shall not last in force.  We acknowledge that BHF law may not delegate any of larty.  Igned at: | celled by means of giving BHF 30 days' not be entitled to refunds of amounts legal hereby authorised to effect the drawing of my/our obligations in terms of this instruction   | otice in writing, sent via registered post to the BHF offices. I/We lly owing to BHF, which BHF has withdrawn whilst this instruction against my/our account may not cede or assign its rights and that tion to any third party before the written consent of the authorised |









Company Registration No. 2001/003387/08

# **PCNS** Registration Fees

#### NB. The PCNS Reinstatement fee is non-refundable.

The PCNS reinstatement 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 reinstatement being unsuccessful and forfeiture of the reinstatement fee.

Reinstatement will not be processed without proof of payment of PCNS reinstatement fees. 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

- Health Establishments And Devices reinstatement fee

**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 Renewals and entering your 7-digit practice number.

#### 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 your Practice number be used as a reference





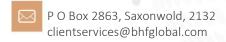




BOARD OF HEALTHCARE FUNDERS NPC Company Registration No. 2001/003387/08

# REINSTATEMENT REQUEST DECLARATION

| Date:                                     |                                 |                        |                      |                    |        |
|---|---------------------------------|------------------------|----------------------|--------------------|--------|
| Practice Number:                          |                                 |                        | -                    |                    |        |
| ID Number:                                |                                 |                        | -                    |                    |        |
| I, (full name and surname)                |                                 |                        |                      |                    |        |
| would like to request that PCNS           | reinstate my/our Practice Cod   | le Number effective fr | om (date)            |                    |        |
| I have submitted all the required Number. | supporting documents and p      | roof of payment for t  | he reinstatement o   | of my/our Practice | e Code |
| NB: Digital s                             | signatures are not acceptable a | nd may delay the proce | essing of your reins | statement.         |        |
| SIGNATURE OF OWNER/APPOIN                 | ITED PROXY                      |                        | DATE                 | 1000               |        |
|   |                                 |                        |                      |                    | 0.0    |
| FULL NAME AND SURNAME OF                  | OWNER/APPOINTED PROXY           |                        | 0000                 | 200                | 900    |
|   |                                 | A HOS                  |                      |                    | 200.   |
|   |                                 |                        |                      |                    |        |
|   | /                               | 1100                   |                      |                    | 900    |







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 Days hall mean any day of there than a Saturday, Sunday, or public holiday in South Africa.

Commencement Date shall mean 1 April 2016.

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 all information relating to any negotiations, discussions or transactions between the Parties, any information about or relating to any negotiation, discussions or transactions between the Parties, any information about or relating to any negotiation, discussions or transactions between the Parties, any information about or relating to any negotiation, discussions to parta, the research and development in which the BHF is an associated manetarial and documentation including information contained therein, the know-how relating to be felled so darbity within which the BHF operates or intents to operate, the research and development in which the BHF is involved and the philosophy and general approach to business of the BHF, etchniques and contractual arrangements of th countes of the earth respective of whether the format theretor kinnich was succioused in writing, evening for otherwise by prepared the PCNS shall mean the Practice Code Numbering System owned by the BHF, which includes a list of unique practice billing codes for providers or neatmant environments and the practice of the providers of the provid 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 reinstatement to the relevant clause, shall bear the same meaning as edd to it for all purposes in terms of this Agreement, thou'ntshanding that term has not been defined in this interpretation clause.

seo 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 sind 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 enforcable by the estates, heirs, executors, administrators, trustees, permitted assign, or liquidators of the Parties as fully and effectually as if they had signed this Agreement in the first instance and reference to any Pa
be deemed to include such Party's estate, heirs, executors, administrators, trustees, permitted assign 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. 2.13 The BHF has developed the PCNS in order to facilitate the procedure in terms of which the Members make payments to Juser, and order for the Members to make payment to a Juser, but but must be registered with the BHF will issue the User with 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 4. 4.1 this Agreements hall endure for as lineary anisoted a practice number pior to the Commencement due, one Agreements shall commence on the Commencement due. In respect of a close to whom the one issue a practice number after the 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. Jesur may at any time terminates this Agreement by giving the other Party written notice of termination of this Agreement.

Evernt that a User terminates this Agreement by giving the other Party written notice of termination of this Agreement.

Evernt 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. IN the Event has a User terminates una Section and Sec iervices renociation User shall pay to the BHF the Fee that can be found on the PCNS website www.pcns.co.a 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.

Jayments 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.

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

Test 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 rate of interest published as being charged from time to time by the BHF's leaves acredited by any manager of that bank, whose appointment need not be proved and whose certification shall, in the absence of manifest error, be final and binding on the Parties, plus a margin of 2% (two percent) (or at the maximum rate allowed by law, there 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. we mai and binding on the Parties, plus a margin of 2% (two per 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. Support shall be given during the hours of 08h00 to 16h30 on Business Days. OBLICATION OF THE USER. 7. 7.1 7.2 8. interview unvertakes.

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.

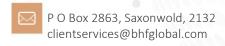
To use the Practice Number exclusively for such purposes as set out in clause 5.

To use the Practice Number exclusively for such purposes 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 noto 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 to log not 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 to 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 to logic the PCNS on the PCNS on behalf of the User's Practice Number to logic the PCNS on the PCNS on the User's PCNS on the PCNS on the User's PCNS on the User's PCNS on the PCNS on the User's PCNS on the User's PCNS on the PCNS on the User's PCNS on the PCNS 8.1 8.2 8.3 8.4 set out in clause 5; onto 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 10.



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





Initials



Company Registration No. 2001/003387/08

12.2 12.2.1 12.2.2 12.2.3 12.3 The User: 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 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 once the Construction of any intellectual property substing in the BHF. In this respect, the User hereby cedes and assigns all such rights it may have in any such improvements and/or developments 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. CONFIDENTIAL INFORMATION

The User will revar and for good and the property substing in the PCNS.

The User will treat and keep all 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, disclosing grant access to, sell or trade (whether in writing or orally or in any other written agreement to the SMF or as may be permitted in terms of any other written agreement between the Parties, directly or indirectly communicated to the User Confidential Information to any third party who is not a party to this Agreement.

The User value of the User Confidential Information in any manner or orally or in any other written and the properties of the User Value of 13. 13.1 13.2 expected to be derived from the use of the Confidential Information, except as aniswed up in time Agreement and in the provisions of which is greened and in the provision of 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 and a teach or accommodate standard of care that the User applies to safeguard its own proprietary, secret, or confidential Information and a teach or accommodate standard of care that the User applies to safeguard its own proprietary, secret, or confidential Information and a teach or accommodate 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 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 unauthorised disclosure and/or further disclosure of the Confidential Information.

The User understates 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 the 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 13.6.2 14. 14.1 is disclosed to a third party pursuant to the prior written consent of the BHF; BREACH AND TERMINATION BREACH 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 shills 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 shall be entitled to claim immediate payment and/or performance by the Defaulting Party of a written notice or such termination to the User if:

The BHFF any immediately terminate this Agreement at any time by giving written notice or such termination to the User if:

the User is, other than for the purposes of reconstruction or a malignation, 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 unsuperpalable judgment against the User remains unsatisfied for a period of 10 (len) Business Days 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 mende and/or becomes unanthorized 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 MAIEURE FORCE MALEURE 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 event hereinafter 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 extent so 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 sifter due to or resulting from the Force Majeure, provided always 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 forthwish to cancel this Agreement. 16.1 16.2 17. CESSION AND DELEGATION
The User shall not without the prior written consent of the BHF, which may not be unreasonably withheld cede, delegate, transfer, alienate, 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.

ADDRESSIS
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 BHF Domicilium

Lower Ground Floor South Tower, Edo In Smut - Cnr. Tyrwhitt Ave, Rosebank, 2196
Postal address: PO Box 2863, Saonwoold, 2132 Contact No: 011 537 0200 Email: Clientservices@bhfglobal.com The User
As recorded in the PCNS.
Any notice or communication neguried 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 Domicillium.

Any Party may by written notice to the other Party, change its chosen address, telefax number, or e-mail address to another address, provided that: the change shall be usual business Day after the receipt or deemed receipt of the neutron to the Uth (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 Domicillium shall only be to an address in South Africa, which is not a post office box or a post restante.

Any noted to 18 person during ordinary business Dous at its chosen address in clause 17.1; or the day of delivery.

Any notice by telepron during ordinary business Dous at its chosen address in clause 17.1, on the fifth Business Day after posting (unless that December of the provisions of clause 17.4, on the day of delivery.

Any notice by telepron during ordinary business bonus at its chosen address in clause 17.1, on the fifth Business Day after the date of transmission.

Notwithstanding anything to the contrary contained in this clause 5, a written notice or communication to it notwithstanding anything to the contrary contained in this clause 5, a written notice or communication to it notwithstanding that it was not sent to or delivered at its chosen address, the letters number, or —anall address as as each of the party as shall be an adequate written notice or communication to it notwithstanding that it was not sent to or delivered at its chosen address, the letters number, or —anall address as set out of or is related to this Agreement, the Parties shall 17.2 17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5 17.6 17.7 000 UISTVIE RESULUTION

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, failing which either Party shall be entitled to institute any proceedings against the other Party in any court of competent jurisdiction.

MUTUAL SUPPORT. 18. The entire provisions of this Agreement shall be governed by and construed in accordance with the laws of the Republic of Sou th 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. 21. 23.1 23.2 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 binding 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 whereof it was made or given the same or given to any of the provisions or terms of this Agreement shall operate as an estopped against any Party in respect of list rights under this Agreement.

No catension of time or waiver or relaxation of any of the provisions or terms of this Agreement shall constitute a waiver of such provision or affect in any way such provision or this Agreement.

No failure by any any provision of this Agreement of this Agreement and 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, and any or the provision of any of the 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, and 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 code any of its rights or delegate any of its obligations under this Agreement without the prior written consent of the other Parties.

If any clause or term of this Agreement should be invalid, unenforceable, effective, or illegal for any reason whatsoever, then 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 this Agreement shall be deemed to be 23.3 23.4 23.5 23.6 23.7

Initials \_\_\_\_\_









Company Registration No. 2001/003387/08

# **Declaration**

I, the undersigned, hereby declare that the information contained on the annexed reinstatement 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 reinstatement 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. | Completed reinstatement request declaration   | · a |
| 7. | By submitting this reinstatement form you understand that the PCNS Reinstatement fee is non-refundable                                      |     |

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

| SIGNATURE OF OWNER/APPOINTED PROXY | DATE |
|------------------------------------|------|
|                                    |      |
|                                    |      |

## FULL NAME AND SURNAME OF OWNER/APPOINTED PROXY



