

Company Registration No. 2001/003387/08

# Practice Code Number Application Form: General Practitioner HPCSA

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.	11000
3	All Healthcare Service Providers who are in Public Service are required to submit the renewed necessary approvals stipulated above annually to avoid the suspension of their practice numbers.	
4	Failure to submit all required and correctly certified documentation with your application form will result in your application being cancelled and forfeiture of the PCNS Application fee as it is not refundable.	
5	Should your Registration change from a Specialist to a General Practitioner, a New Practice Code Number will be issued, and the Specialist Practice Code Number will be closed.	
6	Please be advised that if you have an existing practice number and are applying for a change of discipline you are liable to ensure that both practice numbers are paid for. Failure to pay for the existing practice number and the correct application fee for your change of discipline may delay the issuing of your new practice number.	
7	The PCNS practice number is not transferrable.	
8	PCNS does not issue practice numbers to Healthcare Practitioners who are registered under supervised practice.	
9	The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.	
10	Should you have any Queries regarding this Application, please contact Client Services at <b>+27 87 210 0500</b> or e-mail clientservices@bhfqlobal.com	

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.



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



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



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Company Registration No. 2001/003387/08

		PLEASE TICK T	THE APPROP	RIATE APPLICATION TYPE	
New Application		Change of Discipline		Existing practice number if Change of Discipline	
			Please	e supply the effective date for the Change of Discipline	
		PLEASE TICK TI	HE APPROPI	RIATE DISCIPLINE	
General Medical P	ractit	ioner	☐ General	Dental Practitioner	
Please show by ticking	ng the	below that you have read	l and unders	tood the information:	
Oaths authority. The comminterest in the HSP (such as a on the certified document months from the date of cermust be registered by a regun No 131 of 1998).	issione any imr nust be tification latory l	r of oaths should be impartial, nediate family members of the H dated, including the name of the on. Please note that the BHF poli body or a licensing authority in te	unbiased, not HSP, any emplo e Commissione icy requires tha erms of South A	DOCUMENTATION by a South African registered Commiss related to the Healthcare Service Provider (HSP), and who byee or employer of the HSP or any colleague of the HSP). The rof Oaths and the words COMMISSIONER OF OATHS, and was to obtain a practice number, an applicant health care profufrican Law, as this is a requirement of the Medical Schemes of Number may not be issued without the following been submitted)	p has no ne stamp alid for 6 ressional Act (Act.
Certified copy of the applicant  Identity Document Passport and proof	or	cifying document (mandatory): manent residence, where the app	plicant is not a	South African citizen.	
Certified copy of a document is supporting documents  Marriage Certificate  Divorce Decree or  A confirmation letter	e or	ry the Department of Home Affa	irs where the a	pplicant's surname or name(s) differ on 2 or more	
Certified copy of the Independ Registrar (mandatory)	dent Pr	ractice Registration Certificate fr	rom the Health	Professions Council of South Africa signed by the HPCSA	

## Undesirable Business Practice

A stamped bank account confirmation letter not older than 3 months accompanied by the bank verification form on page 4 of this application

form signed by the practice owner and the authorised bank account holder/signatory (mandatory for banking details that belong to a 3<sup>rd</sup> party)

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)

Healthcare practitioners registered with the HPCSA, applying for a practice number should take note of the HPCSA policy document on Undesirable Business Practices on "Employment of Practitioners". To access the full policy document, utilise the link: <a href="Ethics Booklet.pdf">Ethics Booklet.pdf</a> (hpcsa.co.za)



(where applicable).

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

Proof of payment of PCNS Application Fee (Non-Refundable) (mandatory)

Copy of HPCSA Practitioner Card for the current year (mandatory)

Certified copy of a Dispensing Licence from the Department of Health of South Africa (where applicable)



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We recommend t	hat you complete the	form in Bl	OCK letter	s only OR/ type to complete. Unclear handw	riting may delay the processing of your application for a PCN and lead to errors in the information captured				
	PERSONAL DETAILS								
Title  ID Number			First Na	mes	Surname  Council Number				
					ICE DETAILS: the original starting date cannot be accommodated				
Vat Number (if app	licable)				Tax Number (If applicable)				
Dispensing License		Yes	No	License number (If applicable)					
Government Emplo	yee	Yes	No	If yes, please provide Certificate: Approval of of	her Remunerative Work				
Name and Surname Telephone Number			CONTACT	DETAILS FOR THE PERSON RESPONSIBLE TO  Designation  E-mail address	CONFIRM YOUR RWOPS/ NATURE OF STATE EMPLOYMENT				
		external va	alidation pr	ocess with your employer, the issuing of you	r practice number will be delayed.				
Practice Postal A	Address				Practice Physical Address				
Suburb					Suburb				
Town					Town				
Code	P1	rovince			CodeProvince				
Applicant's Telephone 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 the selected).	nat you provide the fi	ull contact	informati	on for both the applicant as well as inform	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 Number:				Bureau Name:				
	Email Address:				Bureau website address:				



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# **Banking Details Verification Form**

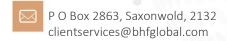
#### To: BHF Client Services

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 PCN and lead to errors				s only O	R/ type to c	omplete. Unc	lear handw	riting m	ay delay	the proce	ssing of	f your ap	plicatio	n for a
Practice Name														1
Bank Name														
Branch Name														=
Account Holder Name (not account type)														
Account Number													1	
Account Type	Current	Savings	Transmiss	sion								7		
Account Registration Type	ID Number	r(s)	Company gistration	Enter I	D/Company	Registration	Number(s	)						
•		•		•						1100	200		4	
Authorised	Bank Accoun	t Holder ini	tials and Sur	name/s		Authorised Bank Account Holders Signature/s					3			
		NB: Dig	ital signatures	are not ac	cceptable and	may delay the	processing (	of your ap	pplication.	75	10	94	0	0 7
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SIGNATURE OF APPLI	CANT					DATE					. /			
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FULL NAME AND SURN	AME OF APPL	ICANT								19/				
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BOARD OF HEALTHCARE FUNDERS NPC Company Registration No. 2001/003387/08

# **Bank Debit Order Instruction**

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

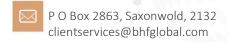
Please be advised that there is an annual practice code number renewal fee payable before the 31<sup>st</sup> of March each year. Should you wish to activate a debit order instruction for the practice number renewal fee, please complete and authorise the below section. **Incomplete debit order information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

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

The details of my/our account are as follows:

Practice Name:				
Bank Name:				
Account Holder Name:				
Account Number:				
Account Type:				1
I/We hereby request and auth (please select the applicable da	•		n either of the	
	ed by means of giving BHF 30 days' not ng to BHF, which BHF has withdrawn wh		nat I/we shall no	ot be entitled to
I/We acknowledge that BHF he I/we may not delegate any of m party.	ereby authorised to effect the drawing any our obligations in terms of this instruct	gainst my/our account may not co ion to any third party before the w	ede or assign its ritten consent o	rights and tha f the authorised
Signed at:	on this	day of	20	200
	: Digital signatures are not acceptable and mag	y delay the processing of your applicat  Authorised Bank Account	• • /	
SIGNATURE OF APPLICANT				
				.000









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.

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

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

#### Amount payable

- Application fee for the new account (no existing practice)
- Change of practice type where your discipline/registration (GP to Specialist) has changed at HPCSA (existing practice)

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

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

## Other Bank EFTs

Bank: Nedbank

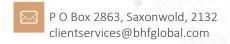
Branch: The Mall of Rosebank

Branch code: 197705
Account Name: PCNS
Account No: 1958 51

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

each sometimes referred to as a Party and collectively as the Partnes.

INTERPEREATION

The headings to the clauses of this Agreement are inserted for reference purposes only and shall in no way govern or affect the interpretation thereof.

Unless inconsistent with the context, the expressions set forth below shall bear the following meanings:

Agreement shall mean these terms and conditions, as amended from time to time. 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 Indomation shall mean information or material proprietary to or deemed to be proprietary to the BHF, information acquired by the User by way of the User's interactions with the BHF, the contents of and all information entaining to any negotiations, discussions or transactions between the Parties, any information about or relating to the PCNS, including but not limited to the PCNS' designs, algorithms, formulae, content and/or decision making rules, all Intellectual Properties, and adventmentation including information including information contained therein, the know-how relating to the PCNS, including but not limited to the PCNS' designs, algorithms, formulae, content and/or decision making rules, all Intellectual Properties, and adventmentation including information which the BHF or persent, the research and development in which the BHF or persent and adventmentation including information which the BHF or persent and adventmentation in which the BHF or persent all the PCNS or persentatives or intents to operate, the research and development in which the BHF or persentatives or intents to operate, the research and development in which the BHF, the persent and the properties of the BHF, the plant is an advent to the BHF, and the properties of the BHF or well as all other matters or information which the BHF or well as all other matters or information which in elections the BHF or well as all other matters or information which in elections the BHF, and the BHF or well as all other matters or information which in elections the BHF, and the BHF or well as all other matters or information which in elections intermenties any and output and second section of the Christophic Control of the Christophic Christophic Control of the Christophic Christ 2.2.5 2.2.6 2.2.7 2.2.8 PCMS shall mean the Practice Code Numbering System owned by the BHF, which includes a list of unique practice billing codes 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 number allocated by the BHF to a User for purposes of inter alia identifying such User on the PCNS.
Signature Date shall mean the date of the Party last signing this Agreement, and
User shall mean any general practitioner, medical specialist, densities, 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,
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.

Journal of the Control of t 2.2.11 2.3 2.4 2.4.1 2.4.2 2.4.3 2.5 When any number of days is prescribed in turn spreament, same and execution of such greaters and the day of payment of any amount due in terms of this Agreement should fall on a day which is not a Business Day, then the relevant date for payment shall be the following Business Day.

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

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

This Agreement shall not apply and enforceable by the estates, heirs, osecutors, 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 Interior in a beveloped use "LAS in Journal to lacinitate the procedure in terms of wind me members make payments to User. In order for the Members to make payment to a User, the User must be registered with the Birk and the BHF must have allocated a Practice Number to the User.
The Parties accordingly enter into this Agreement to record the terms and conditions on which the BHF will issue the User with a Practice Number, and that will apply to the use of the Practice Number.
COMMENCEMENT AND DURATION
In respect of a User to whom the BHF has already allocated a Practice Number prior to the Commencement Date, this Agreement shall commence on the Commencement Date. In respect of a User to whom the BHF issue a Practice Number after the Commencement 4. 4.1 In respect, or a viser to window the or rise already anotated a relative number prior to the Commencement value, mis agreement, shall commence on the Signature properties of a viser to whom the part issue a relative number and bate, 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. IN the Event have a user terminates una square 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. ct of services ic.... members of the Members, and such other purposes as may be agreed to by the BHF in writing from time to time.

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

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

The User shall pay all payments due in terms of this Agreement shall be made by means of an electronic fund transfer to the User from time to time.

Interest shall account on the outstanding balance of all amounts due and payable but unpaid by the User from time to time to terms interest shall account on the outstanding balance of all amounts due and payable but unpaid by the User from time to time to terms 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 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, whichever is the greaterly, calculated from the date falling immediately after the date on which payment becomes due in terms of the provisions of this Agreement until the date of payment.

SUPPORT SUPPOINT. 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.

OBLIGATION OF THE USER
The User undertakes: intro user 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 as set out in clause 5.

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

To use the PCNS and/or exclusively for such purposes as set out in clause 5.

To use the PCNS and/or exclusively for such purpose as set out in clause 5.

To use the PCNS and practice Number.

To use the PCNS and/or exclusively for such purpose 1.

To use the PCNS and Practice Number.

To use the PCNS and Practice Number.

To use the PCNS and Practice Number. not to allow any third party who does not have a Practice Number to log onto the PCNS with the User's login detal set out in clause; so the allow any fraudulent use of the User's Practice Number.

In this plan was the state of the User's Practice Number. to immediately notify the BHF of any security breach of the User's practice Number. to immediately notify the BHF of any security breach of the User's profile on the PCNS. to supervise and control the use of the Practice Number in accordance with the terms of this Agreement. to make use of the necessary communications equipment required for accessing the PCNS. to immediately notify the BHF in writing of any problems that the User any experience while using the PCNS; and to ensure that the User's information on the PCNS is always current and updated. to ensure that the User's minimation on the Purks is always current and updated.

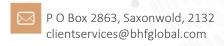
Initial TON OF LIABILITY

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) what caused arising directly 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 PERSONAL INFORMATION
The User consents to the BHF processing all such personal information relating to the User that is necessary for the proper running and functioning of the PCNS and authorizes the BHF to share such persocordance with and for such purposes allowed for by the Protection of Personal Information Act, 2013.
WARRANTIES 10.



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





Initials



Company Registration No. 2001/003387/08

The User:

acknowledges that the intellectual Property subsisting in the PCNS is the exclusive property of the BHF. The User further acknowledges that the Intellectual Property subsisting in the PCNS is a commercial asset of considerable value to the BHF;

shall not in any manner or respect create the representation that it has any rights or title to the Intellectual Property subsisting in the PCNS, except as grovided for in this Agreement;

shall under no circumstances, use or apply for registration of any intellectual property which could conflict with the BHF's Intellectual Property subsisting in the PCNS.

To the extent that the User makes and/or suggests any diprovements and/or developments to the PCNS, the rights it and to such improvements and/or developments shall exclusively vest 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 shall exclusively vest 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 shall exclusively vest 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 shall exclusively vest 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 shall exclusively vest 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 shall exclusively vest 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 shall exclusively vest in the BHF. In this respect, the User hereby cedes and assigns all such rights in any to such any such improvements and/or developments shall exclusively vest in the BHF. In this Agreement, which is the BHF. In this Agreement and on the BHF. In this Agreement and search and the BHF. In this 12.2 12.2.1 12.2.2 12.2.3 12.3 13. 13.1 13.2 13.3 13.4 Into user undertases not to:

One, perpoduce or adapt the Confidential Information in any manner or form;
develop anything similar to the Confidential Information; and/or
register any intelligent persons to the Confidential Information; and/or
register any intelligent persons to the Confidential Information; and/or
register any intelligent persons to the Confidential Information; and/or
register any intelligent persons to the User pursuant to the provisions of this Agreement shall not apply to any information that is
disclosed by the User to statisty an order of a court of competent pursualistic on the Complete intelligent on the Complete 13.5.2 13.5.3 13.6 13.6.1 13.6.2 14. 14.1 14.2 14.2.1 14.2.2 14.2.3 14.2.4 14.3 15. in the event or any act, or too, strate, war, warline operation, rote, common common, common or work men, intervenence or a rote of many actives in reasonable, management of a superation, to expension or security in a succession, unavaisation, transcriptor or without regard to the foregoing enumeration) of any crimentance as 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 extents o prevented and shall not be liable for any delay or failure in the performance of any obligations hereunder during the period that such Force Majeure continues (excluding payment obligations for materials 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 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 (interly) days, then either Party shall be entitled. three attences and y. Any array movang rotte majeure snain upon the termination of sour rotte majeure give prompt written notice thereof to the duter range. Should rotte majeure continues for a period of more than 50 (forthwith to cancel this Agreement that sources are continued to the continued of the sources are continued to the sources a Each Party chooses the addresses set out opposite its name below as its addresses to proceedings in connection with this Agreement must be served.

The BHF Domicillum 
Lower Ground Floor South Tower, 160 Jan Smut -Cnr. Tyrwhitt Ave, Rosebank, 2196 
Postal address: PO Box 2863, Saxonwold, 2132 
Contact No. 011 373 0200 
Email: Clientservices@bhfglobal.com Contact visibility of the Contact visibility 17.2 17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5 17.6 18. muTUAL SUPPORT
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.
AUTHORITY 19. 20. AUTHORITY
The Parties to this Agreement hereby warrant to each other Party that it is duly authorised and has taken all required corporate and other action to ensure that this Agreement is valid, binding, and enforceable against it. 21. 22. or not.

No variation, mendment, or consessual cancellation of this Agreement or any provision or term hereof and no settlement of any disputes arising under this Agreement, and no extending of time, walver or relaxation, or suspension of any of the provisions or terms of the walver or relaxation, or suspension of any of the provisions or terms of the matter in respect whereoff it was make or private was made or private wa 23.3

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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

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

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

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

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

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

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

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

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

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

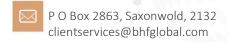
NB: Digital signatures are not acceptable and may delay the processing of your application.

SIGNATURE OF APPLICANT	DATE	

**FULL NAME AND SURNAME OF SIGNATORY** 



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





T 087 210 0500