

Company Registration No. 2001/003387/08

Practice Code Number Application Form: HPCSA Specialists

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

PLEASE NOTE

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

1	The completed application form and supporting documents can be sent to pcns_admin@bhfglobal.com	
2	As part of the application process, PCNS is required to verify the state employment of each applicant through the DPSA search: https://www.dpsa.gov.za/resource_centre/psverification/ . To ensure that your application form is processed timeously please ensure that the necessary approvals in the form of the below listed documents have been submitted together with your application form: Confirmation of Community of Service Completion Resignation letter RWOPS Approval Certificate RWOPS Application form. NB: The RWOPS Application form should be stamped, dated, and signed by both the employer and designated authority and should have exceeded the 30-day submission period with your state employer Sessional Work Contract. 	
	Please also supply the contact details of the persons responsible to confirm the approval/resignation.	
	Once your approval (Confirmation of the end of Community Service/Resignation letter/RWOPS Approval Certificate/RWOPS Application Form/Sessional Work Contract) has been received we are going to perform validation with your employer. We will contact the employer at the state facility via email and telephone to verify that approval has been granted for remunerative work outside the public service or if the nature of your employment allows for private practice. Thus, we urge you to provide the correct contact information for the employer on the application form to ensure the process is not delayed. We also encourage you to advise your employer that the validation will take place, so they are aware.	1
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 General Practitioner to a Specialist, a New Practice Code Number will be issued, and the GP 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 +27 87 210 0500 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





Change of Discipline

New Application

BOARD OF HEALTHCARE FUNDERS NPC

Existing practice number if Change of Discipline

Company Registration No. 2001/003387/08

PLEASE TICK THE APPROPRIATE APPLICATION TYPE

	Please	supply the effective date for the Change of Dis	scipline
PLEASE T	TICK THE APPROPR	TATE DISCIPLINE	
Anesthetist		Paediatrics (Medical Oncology)	
Cardiology		Paediatrics (Neonatology)	
Cardio-Thoracic Surgery		Paediatrics (Neurology)	
Clinical Haematology		Paediatrics (Pulmonology)	
Community Dentistry		Paediatrics (Rheumatology)	
Dental Therapy		Paediatrics (Medical Genetics)	
Dermatologist		Pathology	
Diagnostic Radiology		Pathology (Anatomy)	
Emergency Medicine		Pathology (Chemical)	
Family Medicine		Pathology (Clinical)	
Gastroenterology		Pathology (Forensic)	
Maxillo-Facial and Oral Surgery		Pathology (Forensic)	
Medical Genetics		Pathology (Haematology)	
Medical Oncology		Pathology (Medical Genetics)	
Neurology		Pathology (Virology)	1
Neurosurgery		Pathology (Microbiology)	
Nuclear Medicine		Periodontics	
Obstetrics and Gynaecology		Plastic and Reconstructive Surgery	
Occupation Medicine		Prosthodontic	
Ophthalmology		Psychiatry	000000
Oral Pathology		Pulmonology	00000
Orthodontist (Nephrology)		Surgery	
Orthopaedics		Surgery (Critical Care)	
Otorhinolaryngology		Surgery (Gastroenterology	7000
Paediatrics Surgery		Surgery (Vascular Surgery)	
Paediatrics		Specialist Physician	
Paediatrics (Cardiology)		Sports and Exercise Medicine	
Paediatrics (Critical Care)		Radiation Oncology	
Paediatrics (Developmental)		Rheumatology	
Paediatrics (Endocrinology)		Urology	W 77 W A



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

Paediatrics (Gastroenterology) Paediatrics (Infectious Diseases)



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





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

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).

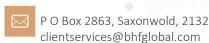
In accordance with Legislation and BHF Policies, a Practice Number may not be issued without the following supporting documents (tick what is relevant to you and has been submitted)

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	
Marriage Certificate or	
Divorce Decree or	0
A confirmation letter	Λ
Certified copy of the Independent Practice Specialist Registration Certificate from the Health Professions Council of South Africa	
signed by the HPCSA Registrar (mandatory)	1
11222	2
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)	
A stamped bank account confirmation letter not older than 3 months accompanied by the bank verification form on page 4 of this application form signed by the practice owner and the authorised bank account holder/signatory (mandatory for banking details that belong to a 3 rd party)	
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).	
Proof of payment of PCNS Application Fee (Non-Refundable) (mandatory)	

Undesirable Business Practice

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: Ethics Booklet.pdf (hpcsa.co.za)









Company Registration No. 2001/003387/08

We recommend that you complete the form in BLOCK letters only OR/ type to complete. Unclear handwriting may delay the processing of your application for a PCN and lead to errors in the information captured							
PERSONAL DETAILS							
Title Initials First Names ID Number						Surname Council Number	
	PRACTICE DETAILS: Please note that requests to backdate or alter the original starting date cannot be accommodated						
Vat Number (if applicable)						Tax Number (If applicable)	
Dispensing License		Yes	No	License number (If applicable)			
Government Emplo	yee	Yes	No	If yes, please provide Certificate: Approve	al of other	Remunerative Work	
Name and Surname	2		CONTACT	DETAILS FOR THE PERSON RESPONSIB Designation	LE TO CO	NFIRM YOUR RWOPS/ NATURE OF STATE EMPLOYMENT	
Telephone Number		external va	alidation p	E-mail address	of your pr	actice number will be delayed.	
Practice Postal Address						Practice Physical Address	
					_ -		
Suburb					5	Suburb	
Town					1	Town	
	P					CodeProvince	
Applicant's Telephone Number () (If no telephone number is provided your cell phone number will be captured as the main telephone number on the system as this is a mandatory field)						Applicant's Cell Number () Applicant's E-mail address	
Please ensure that you provide the full contact information for both the applicant as well as information for your nominated EDI and/or Bureau (mandatory if an EDI or Bureau company has been selected).							
EDI User	EDI Company:				E	EDI website address:	
Bureau Telephone Number: Email				E	Bureau Name:		
	Address:				E	Bureau website address:	



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



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





Company Registration No. 2001/003387/08

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 pen and lead to errors	ou complete to in the inform	he form in B nation captu	LOCK letter red	rs only OR	type to co	omplete. Unclear handw	riting may delay the pr	ocessing o	of your applic	cation for a
Practice Name										
Bank Name										
Branch Name										$\overline{}$
Account Holder Name (not account type)										
Account Number									/\	
Account Type	Current	Savings	Transmiss	sion					/ \	
Account Registration Type	ID Number		ompany gistration	Enter IL)/Company	Registration Number(s))			
							11000	000		90
Authorised	Bank Account	t Holder Init	ials and Sur	rname/s		Authorised Bank Account Holders Signature/s				
						1000	1000000	0.0	00.	
		NB: Digit	tal signatures	are not acc	ceptable and	may delay the processing o	f your application.			
									A 10	
SIGNATURE OF APPLI	CANT					DATE	100.000			
										-
FULL NAME AND CURN	AME OF ARRI	TOANT			•					
FULL NAME AND SURN	AME OF APPL	ICANI								
									0	
					/_				700	-









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

Bank Debit Order Instruction

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

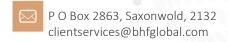
Please be advised that there is an annual practice code number renewal fee payable before the 31st of March each year. Should you wish to activate a debit order instruction for the practice number renewal fee, please complete and authorise the below section. **Incomplete debit order information will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

Bank details for debit order transaction purposes only

The details of my/our account are as follows:

Practice Name:				
Bank Name:				
Account Holder Name:				
Account Number:				
Account Type:				,
February This instruction may be cancelle refunds of amounts legally owin I/We acknowledge that BHF he I/we may not delegate any of m	•	tice in writing. I/We understand illst this instruction was in force gainst my/our account may not	r ch 31st I that I/we shall no	ot be entitled to
party.			144	
Signed at:		J	20	
	on this	day of	20	000
NB:	on this on this : Digital signatures are not acceptable and ma	ay delay the processing of your appli		









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: https://www.pcns.co.za/Home/Fees

Amount payable

- Application fee for a new account (no existing practice)
- Change of practice type where your discipline/registration (Specialist to GP) 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

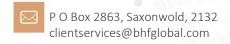
Branch: The Mall of Rosebank

Branch code: 197705
Account Name: PCNS
Account No: 1958 518

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

INTERPRETATION
The headings to the INTERPERTATION
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 anended 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 intents to operate, the research and development in which the BHF or persent all the PCNS or intents to operate, the research and development in which the BHF, the persent and the PCNS or intents to operate, the research and development in which the BHF or intents or information which the BHF or the BHF or well as all other matters or information which in expectation of the BHF or intents or intents or the BHF or all the BHF or well as all other matters or information which in expectation and the properties of the BHF, the properties of the BHF or well as all other matters or information which in expectation or the BHF or well as irrespective of whether the format thereof which was disclosed in writing, verbally or otherwise by the BHF to the User and/or the User's representatives, presentatives, and any other information so disclosed by the BHF to the User and/or the User's representatives, and any other information which is disclosed by the BHF to the User and/or the User's representatives, and any other information which is disclosed by the BHF to the User and/or User's representatives, irrespective of whether any information so disclosed pursuant to this Agreement is in fact novel, unique, patentable, copyrightable or constitutes a trade secret; including a property shall include the annex, trademanks, designs, know-how, copyright poodwill, trade determined, the properties of the BHF.
Fee shall mean the annual fee payable by the User for use of the Practice Number.
Members shall mean medical aid scheme, as defined in the Medical Aid Schemes Act, 1998, that is a member of the BHF.
PCNS 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 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, Namibla, 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, dentist, hospital, pharmacy, and/or any other supplier of medical and related services, who complies with the BHF's requirements to be issued with a Practice Number, and in respect of whom the 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.
Ulless intensitient with the context, an expression that denotes:
any one gender includes the other gender.
and substantive provision and vice versa; and
a substantive provision and vice versa; and
when any number of days is prescribed in this Agreement, same shall be the immediately following Business
Day.

When any number of days is prescribed in this Agreement, same shall be the immediately following Business
Day. 2.2.11 2.3 2.4 2.4.1 2.4.2 2.4.3 2.5 Day.

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

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

Where any term is defined within the context of any particular clause in this Agreement, the 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 it for all purposes in terms of this Agreement, notwithstanding that term has not been defined 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 be binding on and enforceable by the estates, heirs, executors, administrators, trustees, permitted assigns, or liquidators of the Party's so fully and effectually as if they had signed this Agreement in the first instance and reference to any P be deemed to include such Party's estate, heirs, executors, administrators, trustees, permitted assigns or liquidators of the 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 apply.

The responsibility of the expiration or termination of this Agreement shall not apply and effectually as if they had signed this Agreement in the first instance and reference to any P 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 apply.

The party is a such party is a such party and the event of the party and the party and the event of the party and the party and the party and the event of the party and the part 2.13 Inter our in a beveloped use PLVs in order or in administ one procedure in terms of winch the welf-well of the Section of the 4. 4.1 In respect, or a viser to window the own rise already and cased a Practice number prior to the Commencement Date, this Agreement Shall commence on the Signature Date.

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

The User may at any time terminate this Agreement by giving the other Party written notice of termination of this Agreement.

In the event that a User terminates this Agreement in accordance with clause 4.3, such User shall not have any claim against the BHF in respect of the Fee, which the User may have paid over to the BHF prior to termination of this Agreement. IN the Event have a user terminates una spectrum measures and the processing thereof in respect of services rendered by the User to User of the PACICIE NUMBER.

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. t of services remains members of the Members, and such other purposes as may be agreed to by the BHF in writing from time to time.

FE

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 bank known 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 in terms to time.

Interest shall account on the outstanding balance of all amounts due and payable but unpaid by the User from time to tim Surroun. 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 electro Support shall be given during the hours of 08h00 to 16h30 on Business Days.

OBIGINATION OF THE USER
The User undertates: introper unpertakes.

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 a fixed purpose and 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 Practice Number to allow any third party who does not have a Practice Number to log onto the PCNS with the User's Practice Number to allow any third party who does not have a Practice Number to log onto the PCNS with the User's Practice Number to allow any third party who does not have a Practice Number to log onto the PCNS with the User's Practice Number 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 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 to allow any third party who does not have a Practice Number to log onto the PCNS on the PCNS on the PCNS on behalf of the User's Indiana. 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 property of the BHF of any unauthorized use of the User's Practice Number. to immediately notify the BHF of any security breach of the User's profile on the PCNS. to supervise and control the use of the Practice Number in accordance with the terms of this Agreement. to make use of the necessary communications equipment required for accessing the PCNS. to immediately notify the BHF in writing of any problems that the User 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 river's a ways current and updated.

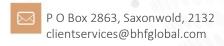
Initial TON OF LIABILITY

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 10. sary for the proper running and functioning of the PCNS and authorizes the BHF to share such personal states are such personal states.



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 BHFs 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 it may have in any such improvements and/or developments shall exclusively vest in the BHF. In this Agreement, the BHF in the BHF in the BHF. In this Agreement, which BHF is the User and shall and in any of the Con 12.2 12.2.1 12.2.2 12.2.3 12.3 13. 13.1 13.2 13.3 13.4 ine 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 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 interests in this regard provided further that the User will disclose only that portion of the information which it is legally required to disclose and the User will endeavours to protect the confidentiality of such information to the widest extent
possible in the circumstances, and
is disclosed to a third party pursuant to the prior written consent of the BHF;
is deems
necessary to protect its interests in this regard provided further that the User will disclose only that portion of the information which it is legally required to disclose and the User will endeavours to protect the confidentiality of such information to the whatever steps it deems
necessary to protect its interests in this regard provided further that the User will disclose only that portion of the Information which it is legally required to disclose and the User will endeavours to protect the confidentiality of such information to the whatever steps it deems
necessary to protect its interests in this regard provided further that the User is all advised to the provisions of the BHF;
long that the User is all the User is a provision of the Information to the User is the Defaulting Party of all of the Defaulting Party is obligation. The Defaulting 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 more present or rate out in package, in account, management, manag 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, Sasonwold, 2132 Contact No. 011 373 0200 Email: Clientservices@bhfglobal.com Contact resident specified in the PCNS.

As recorded in the PCNS.

As 17.2 17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5 17.6 18. 19. 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. AUTHORITY
The Parties to this Agreement hereby warrant to each other Party that it is duly authorised and has taken all required corpor ate and other action to ensure that this Agreement is valid, binding, and enforceable against it. 21. 22. or not.

No variation, mendment, or consensual 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 which is so given or made shall be construed 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, or suspension which is so given or made shall be construed as relating strictly for the matter in respect whereoff it was make or pive any provision or any of the provisions or terms of this Agreement.

No extension of time or walver or relaxation of any of the provisions or terms of this Agreement, and popular any provision or affect in any way such Party's right to require the performance of such provision stary 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 23.3

> Initials _ nitiais ____

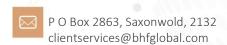
000000

000000

0,000000



23.4 23.5







Company Registration No. 2001/003387/08

Declaration

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

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

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

I further declare that I will abide by the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

SIGNATURE OF APPLICANT	DATE
FULL NAME AND SURNAME OF SIGNATORY	



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

