

Company Registration No. 2001/003387/08

Practice Code Number Reinstatement Form: Solus Practitioner

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 form. The PCN unit will reinstate the PCNs of 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	As part of the reinstatement 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 reinstatement is processed timeously please ensure that the necessary approvals in the form of the below listed documents have been submitted together with your reinstatement 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.	
3	Failure to submit all required documentation with your reinstatement form will result in your reinstatement request being cancelled and forfeiture of the PCNS reinstatement fee as it is not refundable.	
4	The PCNS practice number is not transferrable.	-
5	The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.	5
6	Should you have any Queries regarding this Reinstatement, please contact Client Services at +27 87 210 0500 or e-mail clientservices@bhfglobal.com	

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.







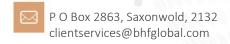


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In accordance with Legislation and BHF Policies, a Practice Number may not be reinstated without the following supporting documents (tick what is relevant to you and has been submitted)

A 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. 	
A 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	
A confirmation letter	
Copy of the Registration Certificate from the relevant council signed by the Registrar (mandatory)	
Proof that the annual council subscription fees have been paid for the current year	
A copy of a Dispensing Licence from the Department of Health of South Africa, where applicable	
An electronically stamped bank account confirmation letter (issued by the bank) not older than 3 months, accompanied by the	
bank verification form on page 4 of the reinstatement form signed by the applicant and the authorized bank account	
holder/signatory (mandatory for banking details that belong to a 3rd party)	1
Document confirming the necessary permission to practice outside of the conditions of your employment with the state where	
applicable in the form:	/ \
Confirmation of Community of Service Completion	4
Resignation letter	
RWOPS Application form	200
RWOPS Approval Certificate	
Sessional work contract	92
Proof of payment of PCNS Reinstatement Fee (Non-Refundable) (mandatory)	
Additional Documents (per council)	
AHPCSA: A copy of the approval letter for full registration from the Allied Health Professions Council (mandatory)	
HPCSA: A copy of a Private Practice Approval letter from the Health Professions Council of South Africa, applicable to	
Diagnostic Radiographers and Medical Technologists only	2.0
SACCSP: A copy of the Certificate for Good Standing or Status report from the South African Council for Social Service	
Professions (mandatory)	





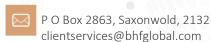




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We recommend that you complete the form in BLOCK letters only OR/ type to complete. Unclear handwriting may delay the processing of your reinstatement and lead to errors in the information captured						
PERSONA					AL DETAILS	
Title Initials First Names ID Number Practice Number			Surname Council Number			
					E DETAILS: the original starting date cannot be accommodated	
Vat Number (if app	icable)				Tax Number (If applicable)	
Dispensing License		Yes	No	License number (If applicable)		
Government Emplo	yee	Yes	No	If yes, please provide Certificate: Approval of ot	er Remunerative Work	
Name and Surname			CONTACT	DETAILS FOR THE PERSON RESPONSIBLE TO Designation	CONFIRM YOUR RWOPS/ NATURE OF STATE EMPLOYMENT	
Telephone Number				E-mail address		
NB: Please be ad	vised that due to the	external va	alidation pr	ocess with your employer, the reinstatement	of your practice number will be delayed.	
Practice Postal Address					Practice Physical Address	
					110000000	
Suburb					Suburb	
Town					Town	
Code	P	rovince			CodeProvince	
(If no telephone		your cell	phone nur	nber will be captured as the main field)	Applicant's E-mail address	
EDI User	EDI Company:				EDI website address:	
Bureau	Bureau Telephone Number:				Bureau Name:	
Email Address:				/	Bureau website address:	









Company Registration No. 2001/003387/08

Banking Details Verification Form

To: BHF Client Services

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

Please ensure that the form is completed with the correct information. Please indicate whether the banking details are registered under an ID Number or a Company Registration number. Where the banking details are registered under the ID/Company Registration number of a 3rd party please submit a certified copy of the account owner's ID or a Copy of the Company Registration documents. The document needs to be signed by both the account holder and the practice owner where the banking details are registered under a 3rd party.

We recommend that you complete the form in BLOCK letters only OR/ type to complete. Unclear handwriting may delay the processing of your reinstatement and lead to errors in the information captured												
Practice Number												
Practice Name												
Bank Name												
Branch Name												
Account Name (not account type)											0	
Account Number											\mathcal{M}	
Account Type	Current	Savings	Transmiss	sion								
Account Registration Type	ID Number	r(s) (Re	Company gistration	Enter ID)/Company	Registration Number	er(s)					
								11/10	0000	00	599	9X
										990		
Authorised	Bank Accoun	t Holder ini	tials and Sur	name/s		Au	uthorised	Bank Accoun	t Holders S	ignature/s	20	
		NB: Digita	al signatures a	are not accep	otable and n	nay delay the processin	ing of your i	reinstatement.	00.	00	700	7
							000		00			
SIGNATURE OF APPLI	CANT					DATE					. 7 9	
											90	
FULL NAME AND SURNAME OF APPLICANT												
											-00	
					12					.00	0	









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 reinstatement and lead to errors in the information captured

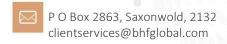
Please be advised that there is an annual practice code number renewal fee payable before the 31st of March each year. Should you wish to activate a debit order instruction for the practice number renewal fee, please complete and authorise the below section. **Incomplete debit order information will 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:					1
Account Type:					
/We hereby request and authorise please select the applicable date): February 28 ^t	h		March 3	1 st	
This instruction may be cancelled by understand that I/we shall not be en was in force.	titled to refunds of amounts lega	illy owing to BHF, which E	BHF has withdra	awn whilst this ins	struction
/We acknowledge that BHF hereby	authorised to effect the drawing	against my/our account m	nay not cede or	assign its rights a	and that
/we may not delegate any of my/our party.	obligations in terms of this instru	ction to any third party be	rore the written		5
/we may not delegate any of my/our	Š	ji10000		20	20
/we may not delegate any of my/our party. Signed at:	Š	day of _			
/we may not delegate any of my/our party. Signed at:	on this	day of _			
/we may not delegate any of my/our party. Signed at:	on this on this	day of	r reinstatement.		
/we may not delegate any of my/our party. Signed at:	on this on this	day of	r reinstatement.	100	

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BOARD OF HEALTHCARE FUNDERS NPC 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: https://www.pcns.co.za/Home/Fees

Amount payable

Solus practice 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

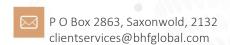
Branch: The Mall of Rosebank

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

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:			-	
Council Number:			-	
ID Number:			-	
I, (full name and surname)				
would like to request that PCNS	reinstate my Practice Code Nun	nber effective from	(date)	1
I have submitted all the required	I supporting documents and pro	of of payment for tl	he reinstatement of my Practice Code Numb	er.
NB: Digital s	signatures are not acceptable and	l may delay the proce	essing of your reinstatement.	
			111111111111111111111111111111111111111	
			111111111111111111111111111111111111111	0
SIGNATURE OF APPLICANT		DATE	111111111111111111111111111111111111111	
FULL NAME AND SURNAME OF SIG		1149		
	<u>//</u>			



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

Terms And Conditions For The Use Of A Practice Number

1.1 1.2 each sometimes referred to as a Party and collectively as the Parties.
INTERPRETATION
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 Day shall mean any day or ther than a Saturday, Sunday, or public holiday in South Africa.

Commencement Date shall mean 1 Agril 2016.

On the BHF and Seasociated material and documentation including information about or relating to any negotiating 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 Property of the BHF as associated material and documentation including information contained therein, the know-how relating to the finds of activity 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, techniques and contractual arrangements of the BHF, the details of the BHF is a well as all other matters or information which relates to the business activities, the matheting, prior in other projects of the BHF, the charge of the BHF as well as all other matters or information which relates to the business or intents on the properties of the BHF, the matheting prior in other projective of whether the format thereof which was disclosed in writing, verbally or otherwise by the BHF to the User's representatives, irrespective of whether the format thereof which was disclosed in writing, verbally or otherwise by the BHF to the User's representatives, irrespective of whether the format which is disclosed by the BHF to the User's representatives, irrespective of whether the format the proper we memours any and ousness contracts of the BHF, details of the BHF's financial structure and business activities, the marketing, pricing in other policies of the BHF as well as all other matters or information which relates to the business or intended business of the BHF, 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, and any other information which is disclosed by the BHF to the User and/or 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 of whiched pursuant to this Agreement is in fact nowel, unique, pacified be reconstituted as secret; intellectual Property shall include trade names, trademarks, designs, know-how, copyright, goodwill, trade dress, trade secrets, and proprietary information whether or not capable of registration and whether registered or not. Fee shall mean the annual fee papable by the User for use of the Practice Number.

Members shall mean medical aid scheme, as defined in the Medical Ald Schemes Act, 1998, that is a member of the BHF.

PCRS shall mean the Practice Coke 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 practicines, 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.

Have provided to the Party last signing this Agreement and administr 2.2.5 2.2.6 2.2.7 2.2.8 2.2.9 2.2.10 2.2.11 2.3 2.4 2.4.1 2.4.2 2.4.3 2.5 any one gender includes the other gender. a natural person includes an artificial person and vice versa; and the singular includes the plural and vice versa. The Unit of person manages are managed by the state of the singual includes the plural and vice versa.

After any number of days is prescribed in this Agreement, same shall be reckoned exclusively of the first and inclusively of the last day unless the last day which is not a Business Day, in which case the last day shall be the immediately following Business and the prescribed in this Agreement, same shall be reckoned exclusively of the first and inclusively of the last day unless the last day which is not a Business Day, in which case the last day shall be the immediately following Business and the prescribed in this Agreement, same shall be reckoned exclusively of the first and inclusively of the last day unless the last day which is not a Business Day, in which case the last day shall be the immediately following Business and the prescribed in this Agreement, same shall be reckoned exclusively of the first and inclusively of the last day unless the last day which is not a Business Day, in which case the last day shall be the immediately following Business and the last day is prescribed in this Agreement, same shall be reckoned exclusively of the first and inclusively of the last day unless the last day which is not a Business Day, in which case the last day shall be the immediately following Business and the last day and the last day unless the last day which is not a Business Day, in which case the last day shall be the immediately following Business and the last day and t When any number of days is prescribed in this. Agreement, same shall be recknored exclusively of the list and inclusively of the list day unless the last day unless the last day unless the last day in list on a day which is not a Business 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 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. 2.9 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 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 applied to the states, beirs, executors, administrators, trustees, permitted assigns, or liquidators of the Parties as fully and effectually as if they had signed this Agreement in the first instance and reference to any Party shall be bedement to include such Party's estate, beirs, 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 2.11 2.13 In respect to a viser to wind meror make areasy and cased a Fractice number prior to the commencement bate, 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.

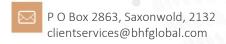
In the event that a User terminates this Agreement in accordance with clause 4.3, such User shall not have any claim against the BHF in respect of the Fee, which the User may have paid over to the BHF prior to termination of this Agreement. 900 FEE
The User shall pay to the BHF the Fee that can be found on the PCNS website www.pcns.co.zo on or before 31. March in every calendar year. The Fee shall be subject to an annual escalation as determined by the BHF Board of Directors.
All payments by the User in terms of the provisions of this Agreement shall be made by means of an electronic fund transfer to the bank account nominated by the BHF, free of costs, deductions, set off, and exchange, and is non-refundable.
The User shall pay all payments due in terms of this Agreement into the BHF's bank account, the details of which, the details of which, the details of which the BHF's bank account the to time.

Interest shall accuse on the outstanding balance of all amounts due and payable but unpaid by the User from time to time to time. 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 an annager of that be naise, whose appointment need not be certification shall, in the absence of made to be find the provisions of this Agreement until the date of payment.

SURPORY

The SHAP THE OBLIGATION OF THE USER
The User undertakes:
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.
not to reproduce, copy and/or disclose any part of the PCNS for purposes other than those set out in clause 5 without the BHF's prior written consent.
not to allow any third party who does not have a Practice Number to log onto the PCNS with the User's login details, and/or to use the PCNS on behalf of the User, unless such third party is duly authorised by User to use the User's Practice Number for the purp set out in clause 5; 8.1 8.2 8.3 8.4 not to allow any timing parry who does not have a Practice Number to log onto the PLNs with the User's login detail set out in clause 5; not to allow any fraudulent use of the User's Practice Number. to immediately notify the BHF of any unauthorized use of the User's practice Number. to immediately notify the BHF of any security breach of the User's profile on the PCNS. to supervise and control the use of the Practice Number in accordance with the terms of this Agreement. to 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. 8.11 10.









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 the exclusive property of the BHF. The User further acknowledges that the Intellectual Property subsisting in the PCNS is a commercial asset of considerable value to the BHF; shall not in any manner or respect create the representation that it has any rights or title to the Intellectual Property subsisting in the PCNS, except as provided for in this Agreement; shall on the rot circumstances, use or apply for registration of any intellectual property which could conflict with the BHF intellectual Property subsisting in the PCNS.

To the extent that the User makes and/or suggests any improvements and/or developments to the PCNS, the rights in and to such improvements and/or development to the BHF. In this respect, the User hereby cedes and assigns all such rights it may have in any such improvements and/or development to the BHF. 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.

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

The User will treat and keep all Confidential Information in confidence and as secret and the User will not, without the prior written consent of the BHF or as may be permitted in terms of any other written agreement between the Parties, directly or indirectly communicate, disclose, grant access to, sell or trade (whether in writing or orally or in any other manner) any of the Confidential Information in confidence and as secret and the User will not, without the prior written consent of the BHF or as may be permitted in terms of any other written agreement between the Parties, directly or indirectly communicate, disclose, grant access to, sell or trade (whether in writing or orally or in any other manner) any of the Confidential Information in any manner whatsoever including, without limitation, and with the intention or effect of depriving the 13.1 13.2 expected to be derived from the use of the Confidential Information, except as allowed our in unsurpressed and pure special and advisors, agents and consultants comply with this provision.

The User agrees that it shall protect the Confidential Information disclosed by the BHF pursuant to the provisions of this Agreement, using the same standard of care that the User applies to safeguard its own proprietary, secret, or confidential Information 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 the User applies to safeguard its own proprietary, secret, or 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 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
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 s
possible in the circumstances, and 13.6 13.6.1 possible in the circumstances; and is disclosed to a third party pursuant to the prior written consent of the BHF;

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 Aggreeved Party) shall be entitled to require the Defaulting Party to remedy the breach within 5 (five) Business
Days, or any other reasonable time, of delivery of a written notice requiring it to do so. If the Defaulting Party falls to remedy the breach within the period specified in such notice the Aggreeved Party shall be entitled to claim immediate payment and/or performance by the Defaulting Party of all of the Defaulting Party's obligations. The adoregoing is without prejudice to such other rights as the Aggreeved Party may have at law.

The BHF may immediately terminate this Agreement at any time to give in one other the User if:
the User is, other than for the purposes of reconstruction or amalgamation, piaced under voluntary or compulsory industal ston/sequestration (whether provisional or final) or under business rescue or under receivership or under the equivalent of any of the aforegoing; a final and unappeable judgment englants the User remains unsatisfied for a period of 10 (the Justiness Stape) and the provisions of the User;
the User makes any arrangement or composition with its creditors generally or ceases to rarder medical services and/of becomes unanthorized to or disqualified from provisioning medical services.

Any termination of this Agreement pursuant to the provisions of dause 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 MARIEUR 13.6.2 14. 14.1 14.2 14.2.1 14.2.2 14.2.3 14.2.4 14.3 15. FORCE MAIEURE

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 (sexulding 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 along some days that a writering notice shall be period that such Force Majeure continues (sexulding payment obligations for materials purchased) but only to the extent so prevented and shall not be liable for any delay or failure of any obligations hereunder of any obligations hereunder of any obligations hereunder of any obligations hereunder of any obligations for materials purchased) but only to the extent so prevented and shall not be liable for any delay or failure in once shall be period and shall not be the Party in the period and shall not be shall along the period and shall not be the Party in the period of more Majeure provided by the effected Party. Any Party invoking force Majeure continues for a period of more than 90 (ninety) days, then either Party shall be entitled forthwith to cannot be shall be entitled for the period of more than 90 (ninety) days, then either Party shall be entitled forthwith to cannot be subjected to a result of the period of th 16.1 16.2 17. 17.1 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.

ADDRESSES
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, 160 Jan Smut -Cnr. Tyrwhitt Ave, Rosebank, 2196
Postal address: PO Box 2863, Saconwold, 2132

Postal address: PO Box 2863, Saconwold, 2132

Postal address: PO Box 2863, Saconwold, 2132

Postal address: PO Box 2863, Saconwold, 2132 Contact No: 011 537 0200 Email: Clientservices@bhfglobal.com The User
Ary recorded in the PCNS.
Any notice or communication required or permitted to be given to a Party pursuant to the provisions of this Agreement shall be valid and effective only if in writing and sent to a Party's chosen address, telefax number, or e-mail address in accordance with the provisions of clause 17.6, provided that documents in legal proceedings in connection with this Agreement may only be served at a Party's Domicillium.

Any Party may by written notice to the other Party, change its chosen address, telefax number, or e-mail address, telefax number, or e-mail address, provided that: the change shall be score effective on the 10th (tenth) Business Day after the receipt or deemed receipt of the notice by the addresses 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 poste restante.

Any notice to be reproved undersord the provisions of clause 17.1, or the fifth Business Day after posting (unless the contrary) is proved) and, in the case of clause 17.4.2 on the day of delivery, shall be deemed to have been received in the case of clause 17.4.1 on the fifth Business Day after posting (unless the contrary) is proved and, in the case of clause 17.4.2 on the day of delivery, and the provisions of clause 17.4.2 on the day of delivery.

Any notice by telefax or e-mail to a Party at its telefax number, or e-mail address shall be deemed to have been received in the case of clause 17.4.2 on the day of delivery.

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, telefax number, or e-mail address as set out in clause 17.1.

DSPUTE RESOLUTION 17.2 17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5 17.6 17.7 0000 0000000 18. DISPUTE RESOULTION

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

MUTUAL SUPPORT

HIP 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 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 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. The entire provisions of this Agreement shall be governed by and construed in accordance with the laws of the Republic of South Africa. Furthermore, the Parties hereto hereby irrevocably and unconditionally consent to the non-exclusive jurisdiction of the High Court of South Africa, Gauteng Local Division, Johannesburg in regard to all matters arising from this Agreement.

COSTS 21. 22. 23.1 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, walver 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, walver or relaxation, or suspension which is so given or made shall be construed as relating strictly to the matter in respect whereoff it was made or given.

No extension of time or walver or relaxation of any of the provisions or terms of this Agreement. Shall operate as an estopped against any Party in respect of the right in the provision or any provision of this Agreement.

No failure by any Party to enforce any provision of this Agreement, and any of the provision was an estopped against any Party in respect of 1st rights under this Agreement.

No failure by any Party to enforce any provision of this Agreement, and any time in the future, nor shall a walver of 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 oldigations under this Agreement without the prior written consent of the other Parties.

If any clause or term of this Agreement, and no extension of time, walver of 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 oldigations under this Agreement without the prior written consent of the other Parties.

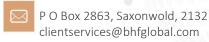
If any clause or term of this Agreement should be invalid, unenforceable, effective, or illegal for any reason whatsoever, then the Parties shall negotiate in good faith to replace such clause with a clause which is valid, enforceable and legal but maintaining the essential provisions of that clause to the extent possible, provided that 23.3 23.4 23.5 23.6 23.7

Initials _

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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:

Submitted all required reinstatement documents	
Form providing details of the practice completed in block letters	
Completed and signed bank verification form accompanied by a stamped bank letter not older than 3 months(where applicable)	
Section requesting authorisation for the bank debit order instruction for PCNS annual renewal fees completed in block letters (optional)	2 0
Signed declaration that you have read the Terms and Conditions for use of a Practice Number	
Completed reinstatement request declaration	
By submitting this reinstatement form you understand that the PCNS reinstatement fee is non-refundable	-0
	Form providing details of the practice completed in block letters Completed and signed bank verification form accompanied by a stamped bank letter not older than 3 months(where applicable) Section requesting authorisation for the bank debit order instruction for PCNS annual renewal fees completed in block letters (optional) Signed declaration that you have read the Terms and Conditions for use of a Practice Number Completed reinstatement request declaration

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

	// !!!	
SIGNATURE OF APPLICANT	DATE	
FULL NAME AND SURNAME OF SIGNATORY		



