

Company Registration No. 2001/003387/08

# Practice Code Number Reinstatement Form: Inspected Facility

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

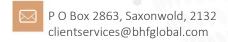
# **PLEASE NOTE**

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

1	The completed reinstatement form and supporting documents can be sent to pcns_admin@bhfglobal	
2	Failure to submit all required and correctly certified documentation with your reinstatement form will result in your reinstatement being cancelled and forfeiture of the PCNS Reinstatement fee as it is not refundable.	
3	Should this reinstatement be for a change of ownership, a New Practice Code Number will be issued, and the previous Practice Code Number will be closed.	
4	If reinstatement is for a practice number that was suspended for more than 1 year, the facility will have to be reinspected, therefore the reinstatement and inspection fees are both required.	
5	PCNS has contracted the Council for Health Service Accreditation of Southern Africa (COHSASA) to inspect on its behalf. All inspections will be carried out per the current PCNS inspection criteria on the following link. Please select the criteria applicable to your facility	
	Day clinic: <a href="https://www.pcns.co.za/ApplicationForms/ClinicCriteria?class=elements">https://www.pcns.co.za/ApplicationForms/ClinicCriteria?class=elements</a>	7 -
	Physical Rehab Centre: <a href="https://www.pcns.co.za/ApplicationForms/SubAcuteCriteria?class=elements">https://www.pcns.co.za/ApplicationForms/SubAcuteCriteria?class=elements</a> Physical Rehab Centre: <a href="https://www.pcns.co.za/ApplicationForms/SubAcuteCriteria?class=elements">https://www.pcns.co.za/ApplicationForms/SubAcuteCriteria?class=elements</a>	2
	Private Hospital: <a href="https://www.pcns.co.za/ApplicationForms/PrivateHospitalCriteria?class=elements">https://www.pcns.co.za/ApplicationForms/PrivateHospitalCriteria?class=elements</a>	8
	Sub-Acute Facility: <a href="https://www.pcns.co.za/ApplicationForms/SubAcuteCriteria?class=elements">https://www.pcns.co.za/ApplicationForms/SubAcuteCriteria?class=elements</a>	
6	The PCNS Reinstatement fee and Inspection fees, as published on the PCNS website (www.pcns.co.za), must be paid to PCNS before the inspection is undertaken. Final invoices will be issued for the inspection fee and actual travel costs. In the event of a refund on the inspection fee, the amount will be paid into the same account as given on the banking details verification form.	
7	Please be advised that the Reinstatement Date of your practice number will default to the date the PCN is successfully inspected by COHSASA.	
8	The PCNS practice number is not transferrable.	
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 Reinstatement, please contact Client Services at +27 87 210 0500 or e-mail	
	<u>clientservices@bhfglobal.com</u>	

KINDLY NOTE THIS REINSTATEMENT FORM MUST BE FULLY COMPLETED IN ADDITION TO THE SUPPORTING DOCUMENTATION REQUIRED TO BE SUBMITTED. FAILURE TO DO SO WILL RESULT IN THE DELAY IN THE PROCESSING OF YOUR REINSTATEMENT FOR A PCN.





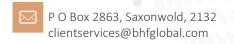




In accordance with Legislation and BHF Policies, a Practice Number may not be reinstated without the following supporting documents (tick what is relevant to you and has been submitted)

Board resolution for nominated and appointed proxy/signatory for the registration of the PCNS practice	
number (mandatory for facilities with more than 1 Director listed on the Company Registration documents)	
Copy of the owner or appointed proxy's Identity Document (mandatory)	
Copy of the passport and proof of permanent residence permit, where the owner/appointed proxy is not a	
South African citizen	
Declaration form signed by the owner or appointed proxy (mandatory)	
Copy of Marriage Certificate or Divorce Decree (where applicable)	
Copy of the License (R158/187) from the Provincial Department of Health (mandatory)	
Completed Questionnaire applicable to your facility accessed on the following link:  • Day Clinic: <a href="https://www.pcns.co.za/ApplicationForms/ClinicQuestionnaire?class=elements">https://www.pcns.co.za/ApplicationForms/RehabQuestionnaire?class=elements</a> • Private Hospital:  • Private Hospital:  • <a href="https://www.pcns.co.za/ApplicationForms/PrivateHospitalQuestionnaire?class=elements">https://www.pcns.co.za/ApplicationForms/PrivateHospitalQuestionnaire?class=elements</a> • Sub-Acute Facility:  • <a href="https://www.pcns.co.za/ApplicationForms/PrivateHospitalQuestionnaire?class=elements">https://www.pcns.co.za/ApplicationForms/PrivateHospitalQuestionnaire?class=elements</a>	
Copy of the Company Registration documents from the Registrar of Companies as per the proprietor/managing company listed on the R158/187 License for the Institution (where applicable)	
A stamped bank account confirmation letter not older than 3 months accompanied by the bank verification form on page 4 of this reinstatement form signed by the practice owner(s) or appointed proxy and the authorised bank account holder/signatory (mandatory for banking details that belong to a 3 <sup>rd</sup> party)	
Proof of payment of PCNS Reinstatement (Non-Refundable) and Inspection Fees (mandatory)	









Company Registration No. 2001/003387/08

TRACTICE CODE NOMBERING CTOTEM								
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								
				OWNER/APPO	DINTED PROX	Y DETAILS		
Title Initials First Names				lames			Surname	
ID Number								
	Ple	ase note	that requ		ILITY DETAILS er the origina		ate cannot be accommodated	
Facility Name	e							
Practice Num	nber							
Tax Number	(if applicable)				Vat Numb	er (if applicable	2)	
Proprietary	Limited	Yes	No		Yes	No		
Closed Corp	poration	Yes	No		Yes	No	Company registration (if applicable)	
Incorporate	ed Company	Yes	No		Yes	No		
Practice Postal Address					Practice Phy	ysical Address		
Suburb					Suburb	J.		0 0
Town					Town	110		
Code		Province			Code	Р	Province	
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)						Cell Number (		
					Applicant's Address	E-mail		
EDI User	EDI Company:				EDI website	e address:	7.7.2000	
Bureau	Telephone Nun	nber:			Bureau Nan	ne:		0



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



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

Bureau website address:



T 087 210 0500



Company Registration No. 2001/003387/08

# **Banking Details Verification Form**

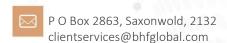
#### To: BHF Client Services

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

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

We recommend that	vou comple	te the fo	rm in RIOCk	( letters	only OP/	type to complete. Unclear handwriting may	delay the processing of your	
reinstatement and le	ad to errors	in the info	rmation cap	tured	Olly Ok,	type to complete. Onclear handwriting may	delay the processing or your	
Practice Number								
Practice Name								
Bank Name								
<b>Branch Name</b>								
Account Name (not account type)								
Account Number								
Account Type	Current	Savings	Transmis	ssion			/ \	
Account Registration Type	ID Numbe		Company egistration	Enter	ID/Compai	ny Registration Number(s)		
		ı				11100		
						1110000		
Authorised	Bank Accoun	t Holder i	nitials and Si	urname/		Authorised Bank Account Ho	ders Signature/s	
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						######################################		
SIGNATURE OF PRAC	CTICE OWNE	R/APPOI	NTED PROXY	- •		DATE	7783.790	
							70000	
FULL NAME AND SURNAME OF PRACTICE OWNER/APPOINTED PROXY								
<b>FULL NAME AND SUR</b>	NAME OF PR	ACTICE O	VIVILLIX/ AFF					
FULL NAME AND SUR	NAME OF PR	ACTICE O	WILL, AFF		/			
FULL NAME AND SUR	NAME OF PR	ACTICE O	WILLY AFF		//			
FULL NAME AND SUR	NAME OF PR	ACTICE O	WILK/AFF			10000		









# **Bank Debit Order Instruction**

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

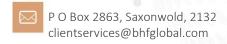
Please be advised that there is an annual practice code number renewal fee payable before the 31<sup>st</sup> of March each year. Should you wish to activate a debit order instruction for the practice number renewal fee, please complete and authorise the below section. **Incomplete debit order information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

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

The details of my/our account are as follows:

Practice Name:			
Bank Name:			
Account Holder Name:			
Account Number:			Ť
Account Type:			/
Inderstand that I/we shall rate in force.  /We acknowledge that BHF /we may not delegate any operty.	celled by means of giving BHF 30 days' not be entitled to refunds of amounts legal from the entitled to refunds of amounts legal from the entitled to effect the drawing of my/our obligations in terms of this instru	ally owing to BHF, which BHF has against my/our account may no action to any third party before the	as withdrawn whilst this instruction of cede or assign its rights and that ne written consent of the authorised
Inderstand that I/we shall rays in force.  /We acknowledge that BHF /we may not delegate any operty.  Signed at:	not be entitled to refunds of amounts legal hereby authorised to effect the drawing of my/our obligations in terms of this instru	ally owing to BHF, which BHF has against my/our account may no action to any third party before the against may be day of	as withdrawn whilst this instruction of cede or assign its rights and that he written consent of the authorised
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Inderstand that I/we shall rivas in force.  /We acknowledge that BHF /we may not delegate any operty.  Signed at:  //	not be entitled to refunds of amounts legal from the entitled to refunds of amounts legal from the entitled to effect the drawing of my/our obligations in terms of this instru	against my/our account may no against my/our account may no action to any third party before the day of day of	as withdrawn whilst this instruction of cede or assign its rights and that he written consent of the authorised

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# **PCNS** Registration and Inspection Fees

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

The PCNS reinstatement fees for the current year are available on the PCNS website (<u>www.pcns.co.za</u>). Failure to comply with the application requirements will result in the reinstatement being unsuccessful and forfeiture of the reinstatement fee.

Reinstatement will not be processed without proof of payment of PCNS reinstatement fees. Please refer to the Fee Schedule for the correct fee: <a href="https://www.pcns.co.za/Home/Fees">https://www.pcns.co.za/Home/Fees</a>

#### Amount payable

Inspected Facilities reinstatement fee

**NEDBANK** account holder: PCNS is a registered bank-approved beneficiary. To make a payment you will be required to add us to your beneficiary list by selecting PCNS Renewals and entering your 7-digit practice number.

#### Other Bank EFTs

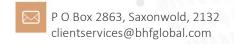
Bank: Nedbank

Branch: The Mall of Rosebank

Branch code: 197705
Account Name: PCNS
Account No: 1958 518 530
Account Type: Cheque account

Reference: It is recommended that your Practice number be used as a reference





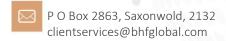




# REINSTATEMENT REQUEST DECLARATION

Date:					
Practice Number:			_		
Council Number:			_		
ID Number:			_		
I, (full name and surname)					
would like to request that PCNS	reinstate my/our Practice Co	de Number effective fr	rom (date)		
I have submitted all the required	l supporting documents and p	proof of payment for t	he reinstatement	of my/our Practice	Code
NB: Digital s	signatures are not acceptable a	and may delay the proce	essing of your rein	statement.	
SIGNATURE OF OWNER/APPOIN	NTED PROXY		DATE	0000	
			10000	1000	
FULL NAME AND SURNAME OF	OWNER/APPOINTED PROYY	///			96.0
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				X/66	54.
				•.00	









Company Registration No. 2001/003387/08

# TERMS AND CONDITIONS FOR THE USE OF A PRACTICE NUMBER

1.1 Agreement shall mean these terms and conditions, as amended from time to time.

Business Days Hall mean any day of there than a Saturday, Sunday, or public holday in South Africa.

Commencement Date shall mean 1 April 2016.

Confidential Indormation shall mean information or material proprietary to or deemed to be proprietary to the BHF, the contents of and all information relating 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 and associated material and documentation including information contained therein, the know-how-relating thefes of archity which the BHF proprates 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, set already of the BHF set and a structure and business contracts of the BHF, desired altracture and business contracts of the BHF, and altracture and business contracts of the BHF, desired altracture and business contracts of the B countes of the earth respective of whether the format thereto wink it was obscioused by which was obscioused by the over to the cost adjust of the cost of the cos 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 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 met date of the Party last signing this Agreement; and
User shall mean may general practitioner, medical specialist, dentitis, 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.
Unless inconsistent with the context, an expression that denotes:
any one gender includes the other gender.

The provision is a definition of the provision of the provisi 2.2.9 2.2.10 2.2.11 2.3 2.4 2.4.1 2.4.2 2.4.3 2.5 event that the day of payment of any amount due in terms of this Agreement should fall on a day which is not a Business Day, then the relevant date for payment shall be the following Business Day.

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

e any term is defined within the context of any particular clause in this Agreement, the term so defined, unless it is clear from the clause in question that the term so defined has limited reinstatement to the relevant clause, shall bear the same meaning as edd to it for all purposes in terms of this Agreement, wordsthanding that the term has not been defined in this interpretation clause.

seo of the word including followed by a specific example or examples shall not be construed as limiting the meaning of the general wording preceding it and the elusdem generis rule shall not be applied in the interpretation of such general wording or such sindar or examples. 2.6 2.7 2.8 example or examples.

Any reference to an enactment in this Agreement is to that enactment as at the commencement of this Agreement and as amended or re-enacted from time to time.

The rule of construction that the contract shall be interpreted against the Party responsible for the drafting or preparation of the Agreement, shall not apply.

This Agreement shall be binding on and enforcable by the estates, heirs, executors, administrators, trustees, permitted 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 Pa
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. 2.13 The BHF has developed the PCNS in order to facilitate the procedure in terms of which the Members make payments to Juser, and order for the Members to make payment to a Juser, but but must be registered with the BHF will issue the User with a Practice Number to the User.

The Parties accordingly enter into this Agreement to record the terms and conditions on which the BHF will issue the User with a Practice Number, and that will apply to the use of the Practice Number.

COMMENCEMENT AND DURATION

In respect of a User to whom the BHF has already allocated a Practice Number prior to the Commencement Date, this Agreement shall commence on the Commencement Date. In respect of a User to whom the BHF issue a Practice Number after the Commencement 4. 4.1 this Agreements hall endure for as lineary anisoted a practice number pior to the Commencement due, one Agreements shall commence on the Commencement due. In respect of a close to whom the one issue a practice number after the Agreement shall endure for as long as the User has a Practice Number and makes use of the PCNS unless otherwise terminated in accordance with the provisions of this Agreement. Jesur may at any time terminates this Agreement by giving the other Party written notice of termination of this Agreement.

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

Evernt that a User terminates this Agreement in accordance with clause 4.3, such User shall not have any claim against the BHF in respect of the Fee, which the User may have paid over to the BHF prior to termination of this Agreement. IN the Event has a User terminates una Section and Section Association Associa Services rendered User shall pay to the BHF the Fee that can be found on the PCNS website www.pcns.co.a on or before 31 March in every calendar year. The Fee shall be subject to an annual escalation as determined by the BHF Board of Directors.

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

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

Test shall accrue on the outstanding balance of all amounts due and payable but unpaid by the User from time to time in terms of this Agreement. Such interest shall be charged at the rate of interest published as being charged from time to time by the BHF's leaves, as certificied 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 2½ (two percent) (or at the maximum rate allowed by law, there is the greater), calculated from the date falling immediately after the date on which payment becomes due in terms of the provisions of this Agreement until the date of payment. Support shall be given during the hours of 08h00 to 16h30 on Business Days.

The User Index Large Collician No The User Reviews of the User Support shall include telephonic support and electronic support. The User Index Large Reviews of 18h30 on Business Days. 7. 7.1 7.2 8. interview unvertakes.

To use the Practice Number in accordance with the provisions of this Agreement, the BHF's codes of conduct, and policies relating to the use of the PCNS and/or Practice Number.

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

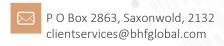
To use the Practice Number exclusively for such purposes as set out in clause 5.

To use the Practice Number exclusively for such purposes of the PCNS for purposes other than those set out in clause 5 without the BHF's prior written consent.

To allow any third party who does not have a Practice Number to log noto the PCNS with the User's login details, and/or to use the PCNS on behalf of the User, unless such third party is duly authorised by User to use the User's Practice Number to log not the PCNS with the User's login details, and/or to use the PCNS on behalf of the User, unless such third party is duly authorised by User to use the User's Practice Number to login details, and/or to use the PCNS on behalf of the User, unless such third party is duly authorised by User to use the User's Practice Number to logic the PCNS on the PCNS on behalf of the User's Practice Number to logic the PCNS on the PCNS on the User's PCNS on the PCNS on the User's PCNS on the User's PCNS on the PCNS on the User's PCNS on the User's PCNS on the PCNS on the User's PCNS on the PCNS 8.1 8.2 8.3 8.4 set out in clause 5; not to allow any fraudulent use of the User's Practice Number. to immediately notify the BHF of any unauthorized use of the User's Practice Number. to immediately notify the BHF of any security breach of the User's profile on the PCNS. to supervise and control the use of the Practice Number in accordance with the terms of this Agreement. to supervise and control the use of the Practice Number in accordance with the terms of this Agreement. to make use of the necessary communications equipment required for accessing the PCNS. to immediately notify the BHF in writing of any problems that the User may experience while using the PCNS; and to ensure that the User's information on the PCNS is daways current and updated. 8.5 8.6 8.7 8.8 8.9 8.10 8.11 10.



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





Initials



Company Registration No. 2001/003387/08

12.2 12.2.1 12.2.2 12.2.3 12.3 The User: acknowledges that the intellectual Property subsisting in the PCNS is a commercial asset of considerable value to the BHF; shall not in any manner or respect create the representation that it has any rights or title to the Intellectual Property subsisting in the PCNS is a commercial asset of considerable value to the BHF; shall not in any manner or respect create the representation that it has any rights or title to the Intellectual Property subsisting in the PCNS.

To the extent that the User makes and/or suggests any improvements and/or developments to the BFF. 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. CONFIDENTIAL INFORMATION

The User and the paid of 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, disclosing, grant access to, sell or trade (whether in writing or orally or in any other written consent of the BHF or as may be permitted in terms of any other written agreement between the Parties, directly or indirectly communicate, disclosing, grant access to, sell or trade (whether in writing or orally or in any other written agreement to the Surface of the BHF or a surface and the surface of the BHF or a surface or any other written agreement and constant the surface or any other written agreement and the surface or any other written agreement and constant the surface or any other written and the surface or any other written agreement and constant to the surface or any other written and the surface or any other written and the surface or any other wri 13. 13.1 13.2 13.4 disclosure of the Confidential Information and shall take all reasonable steps to minimize the damage caused by such unauthorised disclosure and/or further disclosure of the Confidential Information.

The User understates not to:
copy, reproduce or adapt the Confidential Information in any manner or form;
develop anything similar to the Confidential Information and/or
register any intellectual property that pertains to or is based on the Confidential Information or anything similar thereto.

The obligations of the User pursuant to the provisions of this Agreement shall not apply to any information that:
is disclosed by the User to satisfy an order of a court of competent jurisdiction or to comply with the provisions of any law or regulation in force from time to time; provided that in these circumstances, the User shall advise the BHF to take whatever steps it deems
necessary to protect the interests in this regard provided further that the User will disclose only that portion of the information which it is legally required to disclose and the User will endeavours to protect the confidentiality of such information to the widest extent
possible in the circumstances; and is disclosed to a third party pursuant to the prior written consent of the BHF; BREACH AND TERMINATION 13.6.2 14. 14.1 BREACH AND TERMINATION

Should any Party (the Defaulting Party) commit a breach, other than a material breach, of any of the provisions of this Agreement, then any other Party (the Aggrieved Party) shall be entitled to require the Defaulting Party to remedy the breach within 5 (five) Business Days, or any other reasonable time, of delivery of a written notice requiring it to do so. If the Defaulting Party falls to remedy the breach within the period specified in such notice the Aggrieved Party shall be entitled to claim immediate payment and/or performance by the Defaulting Party of all of the Defaulting Party so diagnosis. The aforegoing is without prejudice to such other rights as the Aggrieved Party may have at law.

The BHFF may immediately terminate this Agreement at any time by giving written notice of such termination to the User II:

the User II; other than for the purposes of reconstruction or a malagamation, placed under voluntary or compulsory liquidation/sequestration (whether provisional or final) or under business rescue or under receivership or under the equivalent of any of the aforegoing; a final and unsuperpalable judgment against the User remains unsatisfied for a period of 10 (len) Business Days or more after it comes to the notice of the User; the User makes any arrangement or composition with its creditors generally or ceases to carry on business; the User cases to make any arrangement or composition with its creditors generally or ceases to carry on business; and the composition of the superpart of the User; cases to make any arrangement or composition with its creditors generally or ceases to carry on business; and the user of the User II.

Any termination of this Agreement pursuant to the provisions of clause 14.2 shall be without prejudice to any claim which a Party may have in respect of any prior breach of the terms and conditions of this Agreement by the other Party.

FORCE MAIEURE FORCE MALEURE In the event of any act of God, strike, war, warlike operation, rebellion, riot, civil commotion, lockout, combination of workmen, interference of trade unions, suspension of labour, fire, accident, unavailability, failure or suspension of services provided by third parties, or (without regard to the foregoing enumeration) of any circumstances arising or action taken beyond or outside the reasonable control of the Parties hereto preventing them or any of them from the performance of any obligations hereunder (any such event hereinafter called Force Majeure) them the Party affected by such Force Majeure shall be relieved of its obligations hereunder during the period that such Force Majeure continues (excluding payment obligations for materials purchased) but only to the extent so prevented and shall not be liable for any delay or failure in the performance of any obligations hereunder or loss or damage which the other Party may 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 (ninety) days, then either Party shall be entitled forthwish to cancel this Agreement. 16.1 16.2 17. CESSION AND DELEGATION
The User shall not without the prior written consent of the BHF, which may not be unreasonably withheld cede, delegate, transfer, alienate, hypothecate, or otherwise dispose of any of its rights or obligations under this Agreement.
The BHF shall at all times be entitled to sell, cede, assign, make over unto or in favour of any person all its rights, title, and interest in and to this Agreement but not its obligations hereunder.

ADDRESSIS
Each Party chooses the addresses set out opposite its name below as its addresses to which all notices and other communications must be delivered for the purposes of this Agreement and its Domicilium citandi et executandi (Domicilium) at which all documents in legal proceedings in connection with this Agreement must be served.

The BHF Domicilium

Lower Ground Floor South Tower, Edo In Smut - Cnr. Tyrwhitt Ave, Rosebank, 2196
Postal address: PO Box 2863, Saonwoold, 2132 Contact No: 011 537 0200 Email: Clientservices@bhfglobal.com The User
As recorded in the PCNS.
Any notice or communication neguried or permitted to be given to a Party pursuant to the provisions of this Agreement shall be valid and effective only if in writing and sent to a Party's chosen address, telefax number, or e-mail address in accordance with the provisions of clause 17.6, provided that documents in legal proceedings in connection with this Agreement may only be served at a Party's Domicillium.

Any Party may by written notice to the other Party, change its chosen address, telefax number, or e-mail address to another address, provided that: the change shall be used to the 10th (tenth) be to an address in South Africa, which is not a post office box or a post erestante.

Any notes to a Party's Contained in a correctly addressed envelope; and sent by prepaid registered post to it at its chosen address in clause 17.1, or the day of delivery.

Any notice to 18 elevened by hand to a responsible person during ordinary business boust at its chosen address in clause 17.1, on the fifth Business Day after posting (unless the contrary is proved) and, in the case of clause 17.4, on the day of delivery.

Any notice by telefax or e-mail to a Party at its telefax number, nor e-mail address shall be deemed to have been received in the case of clause 17.4, on the fifth Business Day after the date of transmission.

Notwithstanding anything to the contrary contained in this clause 5, a written notice or communication to it notwithstanding that it was not sent to or delivered at its chosen address, a telefax number, or e-mail address as set out for 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 17.2 17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5 17.6 17.7 000 UISTVIE RESULUTION

If a dispute between the Parties arises out of or is related to this Agreement, the Parties shall meet and negotiate in good faith to attempt to resolve the dispute, failing which either Party shall be entitled to institute any proceedings against the other Party in any court of competent jurisdiction.

MUTUAL SUPPORT. 18. The 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 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 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. 21. 23.1 23.2 negligent or not.

No variation, a 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 extension of time, waiver or relaxation, or suspension of any of the provisions or terms of this Agreement shall be binding or have any force and effect unless reduced to writing and signed by or on behalf of the Parties. Any such extension, waiver or relaxation, or suspension which is so given or made shall be construed as relating strictly to the matter in respect whereof it was made or given the same or given to any of the provisions or terms of this Agreement shall operate as an estopped against any Party in respect of its rights under this Agreement.

No catension of time or valve or relaxation of any of the provisions or terms of this Agreement and provision or this Agreement.

No failure by any provision of this Agreement of this Agreement and any town in any way such provision or affect in any way such Party is right to require the performance of such provision at any time in the future, nor shall a waiver of a subsequent breach nullify the effectiveness of the provision itself.

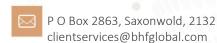
Except as provided for under this Agreement, and no extension, or suspension which is valued and the provision of the surface of the provision at any time in the future, nor shall a waiver of a subsequent breach nullify the effectiveness of the provision itself.

Except as provided for under this Agreement, no Party shall code any of its rights or delegate any of its oligistons 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 the such as a provision of this Agreement should be invalid, unenforceable and legal but maintaining t 23.3 23.4 23.5 23.6 23.7

Initials \_\_\_\_\_









Company Registration No. 2001/003387/08

## **Declaration**

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

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

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

#### I further declare that I will abide by the following:

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

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

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

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

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

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

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

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

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

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

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

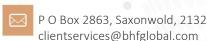
1.	Submitted all required documents certified by an impartial Commissioners of Oaths with a certification date that is not older than 6 months	
2.	Form providing details of the practice completed in block letters	
3.	Completed and signed bank verification form accompanied by a stamped bank letter not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

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

SIGNATURE OF OWNER/APPOINTED PROXY	DATE

## FULL NAME AND SURNAME OF OWNER/APPOINTED PROXY





T 087 210 0500