

Company Registration No. 2001/003387/08

Practice Code Number Application Form: Multi-Discipline Group Practice

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.

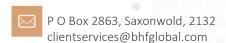
PLEASE NOTE

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	This application form allows for multiple health practitioners, from different professional backgrounds to enter into a group practice and provide and render multi-disciplinary based healthcare services	
3	As per regulation 5 of the Medical Schemes Act, all Health Professionals who have provided a service must be stipulated on the claim to the health funder. Therefore, for accurate identification purposes of the professional on the claims submitted, all Health Providers in the Group must have an active Practice Code Number (PCN) that will be linked to the Multidisciplinary Group Practice Code. To this end, BHF will need a list of all the Health Practitioners' active Practice Codes and Certified Copies of the Identity documents. Where these active Practice Code Numbers are not available new Practice Code Number application for the professional/s will be required. The new	
	application/s may accompany this application	
4	Please ensure that the partnership has a minimum of two partners linked to avoid the suspension of the practice number due to non-compliance	
5	The BHF will under no circumstances allocate Practice Numbers to "paper partnerships". For purposes of the application, paper partnerships mean partnerships entered into by Healthcare Service Providers (HSPs) where such HSPs do not participate in the rendering of the services for which the practice was established, but such HSPs only share the profits of the partnership.	
6	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	
7	aware. All Healthcare Service Providers who are in Public Service are required to submit the renewed necessary approvals stipulated above annually	П
	to avoid the suspension of their practice numbers.	
8	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.	
9	The PCNS practice number is not transferrable.	
10	The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.	
11	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 A DELAY IN THE PROCESSING OF YOUR APPLICATION FOR A PCN.









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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 identifying documents for each partner/practitioner (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 partner/practitioner(s) surname or name(s)					
differ on 2 or more supporting documents					
Marriage Certificate or					
Divorce Decree or	/\				
A confirmation letter					
A copy of the Incorporated Certificate from the Registrar of Companies (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(s) or appointed proxy and the authorised bank account holder/signatory	750				
(mandatory for banking details that belong to a 3 rd party)					
Document confirming the necessary permission to practice outside of the conditions of employment with the state for each partner/practitioner employed by the state (Confirmation of Community of Service Completion/ Resignation letter/ RWOPS Application form/RWOPS Approval Certificate/Sessional work contract) (where applicable).					
Proof from the statutory council that the subscription fee(s) have been paid for the current year for each partner/practitioner (mandatory)					
Proof of payment of PCNS Application Fee (Non-Refundable) (mandatory)					

Undesirable Business Practice

Healthcare practitioners registered with their relevant councils, applying for a multi-disciplinary group practice number should take note of the Health Professions Act, 1974 (Act No. 56 of 974) proposed amendments to the ethical rules of conduct. To access the full government gazette, utilise the link: https://www.gov.za/sites/default/files/gcis_document/202311/49720bn510.pdf





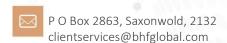




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We recommend that you complete the form in BLOCK letters only OR/ type to complete. Unclear handwriting may delay the processing of your application for a PCN and lead to errors in the information captured					
MULTI-DISCIPLINE PRACTICE DETAILS					
Name of Multi-Discipline Group Practice (NB: Name should be in line with relevant council rules and regulations)					
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)					
Incorporated	Company	Yes	No	Company registration numbe	r (if applicable)
Practice Postal Address					Practice Physical Address
Suburb					Suburb
					Town
Applicants Te	lephone Number (pone number is provided mber on the system as) d your cell _l	phone nui	mber will be captured as the main	CodeProvince Applicants Cell Number () Applicants 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	DI User EDI Company:				EDI website address:
Bureau	Bureau Telephone Number:				Bureau Name:
Email Address:					Bureau website address:









Company Registration No. 2001/003387/08

RWOPS Contact Details

Please provide the contact details for the person responsible to confirm your RWOPS / nature of state employment for each partner/practitioner employed by the state.

NB: Please be advised that due to the external validation process with your employer, the issuing of your practice number will be delayed.

Practitioner Name: DESIGNATED AUTHORITY DETAILS	Practitioner Name: DESIGNATED AUTHORITY DETAILS
Full Names: Designation:	Full Names: Designation:
Email address: Telephone Number:	Email address: Telephone Number:
Practitioner Name: DESIGNATED AUTHORITY DETAILS	Practitioner Name: DESIGNATED AUTHORITY DETAILS
Full Names:	Full Names:
Designation:	Designation:
Telephone Number:	Email address: Telephone Number:
Practitioner Name:	Practitioner Name:
DESIGNATED AUTHORITY DETAILS	DESIGNATED AUTHORITY DETAILS Full Names:
Full Names:	
Designation:	Designation: Email address:
Telephone Number:	Telephone Number:



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

We declare that the details on this Banking Verification Form and attached bank letter are correct and may be updated on our new practice number application 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 application for a PCN						plete. Unclear handwriting may	delay the processing of your
Practice Name							
Bank Name							
Branch Name							
Account Holder Name (not account type)							
Account Number							/ \
Account Type	Current	Savings	Trans	smission			
Account Registration Type	ID Numbe		ompan gistrati		/Company Registratio	n Number(s)	
				nd Surname/	ne application is for a Solus	Authorised Bank Account Hole INC then only 1 signature is required.	ders Signature/s
Full name and surn	ame of partn	er/practiti	oner:	Signature:	110	Date:	9,000
Full name and surname of partner/practitioner: Full name and surname of partner/practitioner:			Signature:	. 116	Date:	2008	
			Signature:		Date:	996.0	
Full name and surn	ame of partn	er/practiti	oner:	Signature:		Date:	
NB: Digital signatures are not acceptable and may delay the processing of your application.							



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T 087 210 0500



Company Registration No. 2001/003387/08

Bank Debit Order Instruction

We recommend that you complete the form in BLOCK letters only OR/ type to complete. Unclear handwriting may delay the processing of your 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

Practice Name:			
Bank Name:			
Account Holder Na	ime:		
Account Number:			
Account Type:			
nis instruction may b		giving BHF 30 days' notice in writ whilst this instruction was in force.	March 31 st ting. We understand that we shall not be entitled to refunds of amounts.
nis instruction may b gally owing to BHF, v e acknowledge that	e cancelled by means of which BHF has withdrawn BHF hereby authorised to	whilst this instruction was in force. effect the drawing against our acc	ting. We understand that we shall not be entitled to refunds of amount. count and may not cede or assign its rights and that we may not delegate
nis instruction may b gally owing to BHF, v e acknowledge that ny of our obligations	e cancelled by means of which BHF has withdrawn BHF hereby authorised to in terms of this instructio	whilst this instruction was in force. effect the drawing against our acc	ting. We understand that we shall not be entitled to refunds of amounts. count and may not cede or assign its rights and that we may not delegate ten consent of the authorised party.
nis instruction may b gally owing to BHF, v e acknowledge that ny of our obligations	e cancelled by means of which BHF has withdrawn BHF hereby authorised to in terms of this instructio on this	whilst this instruction was in force. Deffect the drawing against our account to any third party before the writt day of20	ting. We understand that we shall not be entitled to refunds of amounts. count and may not cede or assign its rights and that we may not delegate ten consent of the authorised party.
his instruction may b gally owing to BHF, v e acknowledge that ny of our obligations	e cancelled by means of which BHF has withdrawn BHF hereby authorised to in terms of this instructio on this	whilst this instruction was in force. Deffect the drawing against our account to any third party before the writt day of20	ting. We understand that we shall not be entitled to refunds of amount. Count and may not cede or assign its rights and that we may not delegate ten consent of the authorised party.
his instruction may b gally owing to BHF, v le acknowledge that ny of our obligations igned at:	e cancelled by means of which BHF has withdrawn BHF hereby authorised to in terms of this instructio on this	whilst this instruction was in force. be effect the drawing against our account to any third party before the writt day of20 beatures are not acceptable and may	ting. We understand that we shall not be entitled to refunds of amount. Count and may not cede or assign its rights and that we may not delegate ten consent of the authorised party.

Full name and surname of partner/practitioner:	Signature:	Date:
Full name and surname of partner/practitioner:	Signature:	Date:
Full name and surname of partner/practitioner:	Signature:	Date:
Full name and surname of partner/practitioner:	Signature:	Date:



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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 (www.pcns.co.za). Failure to comply with the application requirements will result in the application being unsuccessful and forfeiture of the application fee.

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

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 518 530
Account Type: Cheque account

Reference: It is recommended that you use the Group Practice name or the PCNS-issued reference number as the

reference









Company Registration No. 2001/003387/08

Terms And Conditions For The Use Of A Practice Number

PARTIES
This Agreement is entered into by and between the Board of Healthcare Funders NPC (Registration Number 2001/003387/08), a non-profit company duly incorporated in accordance with the laws of the Republic of South Africa (BHF); and The User as defined below.
each sometimes referred to as a Party and collectively as the Parties. The User as defined below.

Act sometimes referred to as a Party and collectively as the Parties.

INTERPIETATION

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 and accorditions, as a amended from time to time.

Business Day shall mean any day other than a Saturday, Sunday, or public holiday in South Africa.

Commiscement Date shall mean 1 April 2016.

Comfidential Information shall mean information or material proprietary to or deemed to be proprietary to the BHF, information designated as confidential by the BHF, information acquired by the User by way of the User's interactions with the BHF, the contents of and all information relating to any negotiations, discussions or transactions between the Parties, any information about or relating to 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 to the fields 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 BHFs. Intended and the philosophy and general approach to business such such such associated material and documentation including information contractual arrangements of the BHFs. In the details of the BHF and associated material and documentation including information contractual arrangements of the BHFs. Intended and the philosophy and general approach to business such the BHFs involved and the philosophy and general approach to business such the BHFs involved and the philosophy and general approach to business such such associated in writing, verbally or otherwise by the BHF to the details of 2.2.5 2.2.6 2.2.7 2.2.8 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 the age of the Party last signing this Agreement; and
User shall mean any general practitioner, medical specialist, dentitist, 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.
a that run person includes the other gender.
a that run person includes the other gender. 2.4.2 2.4.3 2.5 2.6 2.7 2.8 2.9 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 enforecable 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 are 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 hall 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 notwithstanding that the clauses themselves do not expressly provide for this.

INTRODUCTION 2.13 Inter or In a Developed use PLAS in lower to Jacuinate the procedure in terms of which the BHF and the BHF man here payments to Users.
In order for the Members to make payment to a User, the User must be registered with the BHF and the BHF must have allocated a Practice Number to the User.
The Parties accordingly enter into this Agreement to record the terms and conditions on which the BHF will issue the User with a Practice Number, and that will apply to the use of the Practice Number.
COMMENCEMENT AND DURATION
In respect of a User to whom the BHF has already allocated a Practice Number prior to the Commencement Date, this Agreement shall commence on the Commencement Date. In respect of a User to whom the BHF issue a Practice Number after the Commencement 4. 4.1 in respect or a user to whom the BHF has already allocated a Practice Number prior to the Commencement Date, this Agreement shall commence on the Signature Date. This Agreement Shall commence on the Signature Date.

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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 USE OF THE PRACTICE NUMBER 00000 000 8.1 8.2 8.3 8.4 inter user unvertakes.

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

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

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

To use the Practice Number of the PCNS on 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 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 purposes as To the John Shift of Hereity of the Shift of Shift on the PCNS and to session the User's Practice Number.

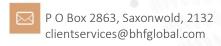
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Initials



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 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, order no 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 development to the BHF. In this respect, the User hereby cedes and assigns all such rights it may be a such improvement and/or development to the BHF.

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

The User will rest 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, great 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 initiation, any use with the intention or effect of deprining the BHF of any fees, consideration, profit or other remuneration that would reasonably be expected to be derived from the use of the Confidential Information in any manner whatsoever including, without limitation, any use with the intention or effect of deprining the BHF of any fees, consideration, profit or other remuneration that would reasonably be expected to be derived from the use of the Confidential Information, except as allowed for in this Agreement and or with prior specific agreement and consent being obtained from the BHF in writing, and will take all steps necessary to procure that its employees, The User agree that it shall protect the Confidential Information, except as allowed to the prior specific agreement and consent being obtained from the BHF in writing, and will take all steps necessary to procure that its employees, The User agree that it shall protect the Confidential Information, which shall at least be a reasonable standard of care, and that the Confidential Information shall be stored and handled in such a way as to pr 13.1 13.2 13.3 13.4 The User undertakes 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 intellectual property that pertains to or its 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 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;
BREACH AND TERMINATION 13.6.2 is disclosed to a third party pursuant to the prior written consent of the BHF;

BREACH AND TERMINATION

Should any Party (the Defaulting Party) commits 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 fails 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's obligations. The aforegoing is without prejudice to such other rights as the Aggrieved Party may have at law.

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

the User is, other than for the purposes of reconstruction or amalgamation, placed under voluntary or compulsory liquidistion/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 remains unsatisfied for a period of 10 (level) Business Days or more after it comes to the notice of the User;

the User makes any arrangement or composition with its creditors generally or ceases to carry on business;

cases to render medical services and/or becomes unanthorized to or disqualified from providing medical services.

Any termination of this Agreement pursuant to the provisions of clause 14.2 shall be entitled 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 MACHEM. To 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 in the event or any act to thou, stance, war, walline operation, rote, durin common in socious, commination of workmen, microtened or a rote of microtened and a common to a common superation of a sound, in a common to a common superation of a common to a com CESSION AND DELEGATION
THE User shall not without the prior written consent of the BHF, which may not be unreasonably withheld cede, delegate, transfer, allenate, hypothecate, or otherwise dispose of any of its rights or obligations under this Agreement.
The BHF shall at all times be entitled to self, 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 Domicillum
Lower Ground Floor South Tower, 160 Jan Smut-Cnr. Tyrwhitt Ave, Rosebank, 2196
Postal address: PO Box 2863, Saonwold, 2132
Contact No. 011 373 0200
Email: Clientservices@bhfglobal.com Are recorded in the PCNS.
Any roctice of the PCNS.
Any roctice of 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, the provisions of clause 17.4.

Any roctice or communication required or permitted to be given to a Party pursuant to the provisions of clause 17 and the provisions of clause 17 and the provisions of clause 17 and the provisions of the provisi As recorded in the PCNS 17.2 17.3 17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5 17.6 17.7 000 000000000 1000000000 18. 19. AU INJUSTY
The Parties to this Agreement hereby warrant to each other Party that it is duly authorised and has taken all required corporate and other action to ensure that this Agreement is valid, binding, and enforceable against it.

GOVENNING LAW 20. 21. OUTCOMING SAY
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. 22. Each Party shall bear its own costs of and incidental to the negotiation, preparation, and execution of this Agreement.
GENERAL 23.1 23.2 This document contains the entire agreement between the Parties in regard to the subject matter hereof.

No Party shall be bound by or have any claim or right of action arising from any express or implied term, undertaking, representation, warranty, promise, or the like not included or recorded in this document whether it induced the contract and/or whether it was negligent No Party shall be downed by or have any common right or action arising norm any express or impression of any or the provisions or terms of the 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.

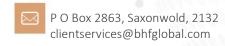
No extension of time or waiver or relaxation of any of the provisions or terms of this Agreement shall operate as an estoppel against any Party in respect of its rights under this Agreement.

No failure by any Party to enforce any provision of this Agreement shall constitute a waiver of such provision or affect in any way such Party's 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. 23.3 23.4 23.5 Except as provided for under this Agreement, no Party shall cede any of its rights or delegate any of its obligations under this Agreement without the prior written consent of the other Parties.

If any clause or term of this Agreement should be invalid, unenforceable, defective, or illegal for any reason whatsoever, then the Parties shall negotiate in good faith to replace such clause with a clause which is valid, enforce provisions of that clause to the extent possible, provided that if the Parties should fail to reach agreement on such replacement clause, then the remaining terms and provisions of this Agree ement shall be deemed to be several and effect unless such invalidity, unenforceability, defect or illegality goes to the root of this Agreement. 23.6 23.7

Initials _____









Company Registration No. 2001/003387/08

Declaration

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

We 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, we hereby indemnify the BHF against any claims which may be instituted against the BHF as a result of the incorrect information that we have provided to the BHF.

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

We further declare that I will abide by the following:

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

We 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 our practice number being rendered inactive.

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

We declare that we 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.

We declare that we 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.

We declare that we are registered with the relevant South African statutory bodies.

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

We 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 we may have with a medical scheme administrator.

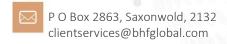
We agree that, in the event that we become aware of any fraudulent activities associated with our practice number, we will immediately notify the BHF thereof, and shall assist the BHF with any investigation action which may be taken by the BHF's Forensic Management Unit.

We 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 ourselves 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	
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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.

PRACTITIONER DETAILS

Please list all the partners/practitioners who will be actively rendering service at this practice. Also note that it is essential that each partner/practitioner individually signs this form to give consent that their individual practice number is linked that they are fully in agreement with the application for a group practice number, and declare and accept that they have read and understood the Terms and Conditions listed.

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

Individual Practice Number	Individual Practice Number
Name & Surname	Name & Surname
ID Number	ID Number
Signature to be linked	Signature to be linked
Effective date to be linked	Effective date to be linked
Individual Practice Number	Individual Practice Number
Name & Surname	Name & Surname
ID Number	ID Number
Signature to be linked	Signature to be linked
Effective date to be linked	Effective date to be linked
Individual Practice Number	Individual Practice Number
Name & Surname	Name & Surname
ID Number	ID Number
Signature to be linked	Signature to be linked
Effective date to be linked	Effective date to be linked
	11/16/8/8 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



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



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



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