

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

Practice Code Number Application Form: Primary Care Drug Therapist

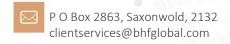
The BHF's PCN unit ("PCNS") is the entity tasked with the administration of practice code numbers. It is the responsibility of the applicant to complete the particulars required hereunder and to supply all the necessary information, as per the PCN application. The PCN unit will allocate PCNs to suppliers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

PLEASE NOTE

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

1	The completed application form and supporting documents can be sent to pcns_admin@bhfglobal.com	
2	As part of the application process, PCNS is required to verify the state employment of each applicant through the DPSA search: https://www.dpsa.gov.za/resource_centre/psverification/ . To ensure that your application form is processed timeously please ensure that the necessary approvals in the form of the below listed documents have been submitted together with your application form:	
	 Confirmation of Community of Service Completion Resignation letter RWOPS Approval Certificate RWOPS Application form. NB: The RWOPS Application form should be stamped, dated, and signed by both the employer and designated authority and should have exceeded the 30-day submission period with your state employer 	
	Sessional Work Contract.	
	Please also supply the contact details of the persons responsible to confirm the approval/resignation.	0
	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	All Healthcare Service Providers who are in Public Service are required to submit the renewed necessary approvals stipulated above annually to avoid the suspension of their practice numbers.	
4	Failure to submit all required and correctly certified documentation with your application form will result in your application being cancelled and forfeiture of the PCNS Application fee as it is not refundable.	
5	The PCNS practice number is not transferrable.	
6	PCNS does not issue practice numbers to Healthcare Practitioners who are registered under supervised practice.	
7	The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.	
8	Should you have any Queries regarding this Application, please contact Client Services at +27 87 210 0500 or e-mail clientservices@bhfqlobal.com	









Company Registration No. 2001/003387/08

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

SUPPORTING DOCUMENT CERTIFICATION

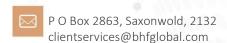
Applications <u>WILL NOT BE PROCESSED WITHOUT CERTIFIED COPIES OF ORIGINAL DOCUMENTATION</u> by a South African registered Commissioner of Oaths authority. The commissioner of oaths should be impartial, unbiased, not related to the Healthcare Service Provider (HSP), and who has no interest in the HSP (such as any immediate family members of the HSP, any employee or employer of the HSP, or any colleague of the HSP). The stamp on the certified document must be dated, including the name of the Commissioner of Oaths and the words COMMISSIONER OF OATHS, <u>and valid for 6 months from the date of certification</u>. Please note that the BHF policy requires that to obtain a practice number, an applicant health care professional must be registered by a regulatory body or a licensing authority in terms of South African Law, as this is a requirement of the Medical Schemes Act (Act. No 131 of 1998).

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

Certified copy of the applicant's identifying document (mandatory):				
Identity Document or				
 Passport and proof of permanent residence, where the applicant is not a South African citizen. 				
Certified copy of a document issued by the Department of Home Affairs where the applicant's surname or name(s) differ on 2				
or more supporting documents				
Marriage Certificate or	9			
Divorce Decree or	/\			
A confirmation letter	/\			
A stamped bank account confirmation letter not older than 3 months accompanied by the bank verification form on page 4 of	П			
this application form signed by the practice owner and the authorised bank account holder/signatory (mandatory for banking				
details that belong to a 3 rd party)	300			
Certified copy of Section 22A (15) permit from the Department of Health South Africa. (mandatory)				
Certified copy of the Recording of the PCDT pharmacist certificate from the South African Pharmacy Council. (mandatory)				
Copy of proof from the South African Pharmacy Council that the subscription fee has been paid for the current year (mandatory)				
Document confirming that you have the necessary permission to practice outside of the conditions of your employment with the				
state (Confirmation of Community of Service Completion/ Resignation letter/ RWOPS Application form/RWOPS Approval				
Certificate/Sessional work contract) (where applicable)				
	4.46			
Proof of payment of PCNS Application Fee (Non-Refundable) (mandatory)				

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









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					
PRIMARY DRUG CARE THERAPIST DETAILS					
	s First Names	Surname Council Number Vat Number (if applicable)			
	CONTACT DETAILS FOR THE PERSON RESPONSIBLE TO CONFIRM YOU Designation E-mail address to the external validation process with your employer, the issuing of your practice nur	mber will be delayed.			
(Please note that the practi	ce number will be registered in the individual's capacity, however, shall not be used in its capacity, Please note that requests to backdate or alter the origin	without being accompanied by an operating pharmacy with an active practice number as indicated on this form) al starting date cannot be accommodated			
	er	Pharmacy Council Number			
Practice Postal Address		Practice Physical Address			
Suburb		Suburb			
CodeApplicant's Telephone Number (If no telephone number is p. on the system as this is a ma	rovided your cell phone number will be captured as the main telephone number	CodeProvince Applicant's Cell Number () Applicant's E-mail Address			
Please ensure that you provide the full contact information for both the applicant as well as information for your nominated EDI and/or Bureau (mandatory if an EDI or Bureau company has been selected).					
EDI User	EDI Company:	EDI website address:			
Bureau	Telephone Number: Email Address:	Bureau Name: Bureau website address:			



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

Banking Details Verification Form

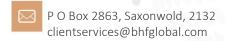
To: BHF Client Services

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 application for a PCN and lead to errors in the information captured										
Practice Name										
Bank Name										
Branch Name										
Account Holder Name (not account type)										
Account Number									Ā	
Account Type	Current	Savings	Transmis	sion						
Account Registration Type	ID Number		ompany gistration	Enter	ID/Compai	ny Registration Nu	mber(s)			
							- in	100000		
Authorised I	Bank Account	t Holder in	tials and Su	ırname/s	<u> </u>	Authorised Bank Account Holders Signature/s				
	NB: Digital signatures are not acceptable and may delay the processing of your application.									
							10000			
SIGNATURE OF APPI	ICANT					DATE		1009	000	
								0.00	800	X.0
FULL NAME AND SURNAME OF APPLICANT					Took!	100				
/						X.40	900			
							000			
						7000			100	









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

Bank Debit Order Instruction

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

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

Bank details for debit order transaction purposes only

The details of my/our account are as follows:

Bank Name:				
Account Holder Name:				
Account Number:				
Account Type:				1
(please select the applicable date	28 th		March 31st	
	d by means of giving BHF 30 days' no to BHF, which BHF has withdrawn wh			not be entitled to
	eby authorised to effect the drawing a /our obligations in terms of this instruc			
Signed at:				1000
ngrieu at	on this	day of _	20	229
	on this Digital signatures are not acceptable and ma			229
NB: E	Digital signatures are not acceptable and ma	ay delay the processing of yo	our application.	
NB: E		ay delay the processing of yo		
NB: E	Digital signatures are not acceptable and ma	ay delay the processing of yo	our application.	
Authorised Bank Account H	Digital signatures are not acceptable and ma	ay delay the processing of yo	our application.	
NB: E	Digital signatures are not acceptable and ma	ay delay the processing of yo	our application.	









Company Registration No. 2001/003387/08

PCNS Registration Fees

NB. The PCNS Application fee is non-refundable.

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

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

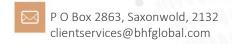
Bank: Nedbank

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 a Council number or the PCNS-issued reference number be used as a reference









Company Registration No. 2001/003387/08

TERMS AND CONDITIONS FOR THE USE OF A PRACTICE NUMBER

INTERPRETATION
The headings to the INTERPERTATION
The headings to the clauses of this Agreement are inserted for reference purposes only and shall in no way govern or affect the interpretation thereof.
Unless inconsistent with the context, the expressions set forth below shall bear the following meanings:
Agreement shall mean these terms and conditions, as annehed from time to time. Agreement shall mean these terms and conditions, as amended from time to time.

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

Commencement Date shall mean 1 April 2016.

Confidential Indomation shall mean information or material proprietary to or deemed to be proprietary to the BHF, information acquired by the User by way of the User's interactions with the BHF, the contents of and all information entaining to any negotiations, discussions or transactions between the Parties, any information about or relating to the PCNS, including but not limited to the PCNS' designs, algorithms, formulae, content and/or decision making rules, all Intellectual Properties, and adventmentation including information including information contained therein, the know-how relating to the PCNS, including but not limited to the PCNS' designs, algorithms, formulae, content and/or decision making rules, all Intellectual Properties, and adventmentation including information which the BHF or persent, the research and development in which the BHF or persent and adventmentation including information which the BHF or persent and adventmentation in which the BHF or persent all the PCNS or persentatives or intents to operate, the research and development in which the BHF or persentatives or intents to operate, the research and development in which the BHF, the persent and the properties of the BHF, the place of the BHF, the persent the BHF, the place of the BHF, the place of the BHF, the plac intermenties any and output and set of the control 2.2.5 2.2.6 2.2.7 2.2.8 PCMS shall mean the Practice Code Numbering System owned by the BHF, which includes a list of unique practice billing codes for providers of healthcare services in South Africa, Namibia, and Lesotho, including any updates, upgrades, and or amendments thereto from time to time;
Practice Number shall mean the date of the Party last signing this Agreement; and
User shall mean any general practitioner, medical specialist, densities, hospital, pharmacy, and/or any other supplier of medical and related services, who complies with the BHP's requirements to be issued with a Practice Number, 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 intensitient with the context, an expression that denotes:
any one gender includes the other gender:
any control of the state of the provision of the state of the pr 2.2.11 2.3 2.4 2.4.1 2.4.2 2.4.3 2.5 Day.

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

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

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

The use of the word including followed by a specific example or examples shall not be construed as limiting the meaning of the general wording preceding it and the elusdem generis rule shall not be applied in the interpretation of such general wording or such specific example or examples. 2.8 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, being, occurrence that are preparation of the Agreement, shall not apply.

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

This Agreement shall not apply and effectually as if they had signed this Agreement in the first instance and reference to any Party shall be deemed to include such Party's estate, heirs, executors, administrators, trustees, permitted assigns or liquidators, as the case may be.

The expiration or termination of this Agreement shall not affect the provisions of this Agreement shall not apply and the elevation of the party 2.13 Interior in a beveloped use PLAS in Journal to I acutualize the producture in terms of which the Remines is make payments to a User. 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, of a viser to wind me on rise already anotate a Practice number prior to the Commencement Date, this Agreement shall commence on the Signature Date.

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

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

In the event that a User terminates this Agreement in accordance with clause 4.3, such User shall not have any claim against the BHF in respect of the Fee, which the User may have paid over to the BHF prior to termination of this Agreement. The User shall use the Practice Number exclusively for purposes related to the provision of medical services, including but not limited to the submission of reimbursement claims to Members and the processing thereof in respect of services rendered by the User to members of the Members, and such other purposes as may be agreed to by the BHF in writing from time to time. rt of services members of the Members, and such other purposes as may be agreed to by the BHF in writing from time to time.

FE

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

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

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

Interest shall account on the outstanding balance of all amounts due and payable but unpaid by the User from time to time in terms to the User from time to time.

Interest shall account on the outstanding balance of all amounts due and payable but unpaid by the User from time to time in terms to the User from time to time in terms to the User from time to time by the BHF's bankers, as certified by any manager of that bank, whose appointment need not be proved and whose certification shall, in the absence of manifest error, be final and binding on the Parties, plus a margin of 2% (two percent) (or at the maximum rate allowed by law, whichever is the greaterly, calculated from the date falling immediately after the date on which payment becomes due in terms of the provisions of this Agreement until the date of payment.

SUPPORT Surroun. The BHF shall provide reasonable support in respect of the use of the Practice Number on an ad hoc basis as and when reasonably requested by the User. Support shall include telephonic support and electro Support shall be given during the hours of 08h00 to 16h30 on Business Days.

OBIGINATION OF THE USER
The User undertates: introper unvertables.

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

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

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

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

To use the Practice Number (so, pand/or disclose any pant of the PCNS for purposes other than those set out in clause 5 without the BHF's prior written consent.

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

In the low any fraudulent use of the User's Practice Number.

It immediately notify the BHF of any unauthorized use of the User's Practice Number.

It immediately notify the BHF of any security breach of the User's profile on the PCNS.

It is upservise and control the use of the Practice Number in accordance with the terms of this Agreement.

It is also use of the necessary communications equipment required for accessing the PCNS.

It immediately notify the BHF in writing of any problems that the User any experience while using the PCNS; and to ensure that the User's information on the PCNS is always current and updated. to ensure must me user's minimation on the run's is aways current and updated.

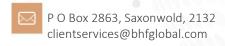
IUINITATION OF LUBBILITY

To the extent permitted by law, and except to the extent set out elsewhere in this Agreement, the BHF shall not be liable to the User for any loss, damage, cost, expense, or penalty (including consequential loss or special damages) (Losses) what is caused arising directly in connection with this Agreement, the use of the Practice Number and/or PCNS or otherwise. The User hereby indemnifies and holds the BHF and its employees and contractors harmless against all such Losses.

PERSONAL INFORMATION PERSONAL INFORMATION
The User consents to the BHF processing all such personal information relating to the User that is necessary for the proper running and functioning of the PCNS and authorizes the BHF to share such personal information Act, 2013.

WARRANTIES 10. 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 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, under no circumstances, use or apply for registration of any ritellectual property which could conflict with the BHFs 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 have in any such improvements and/or development to the BHF.

The User will treat and keep all Conflictential Information constitutes a valuable, special, and unique asset prohost the PCNS, the rights in and to such that the Conflictential Information in conflictence and assecret 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 Conflictential Information in conflictence and asserted and the User undertakes that it will not use the Conflictential Information in any manner whatsoever including, without initiation, any use with the intention or reflect of depriving the BHF of any fees, consideration, profit, or other remuneration that would reasonably be expected to be derived from the use of the Conflictential 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, professional advisors, agents and constitutions only with this provision.

The User agrees 13.3 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 and 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 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 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, often 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's obligations. The adoregoing is without prejudice to such other rights as the Aggrieved Party may have at law.

The BHF may immediately terminate this Agreement at any inten by giving written notice of such termination to the User if:
the User is, other than for the purposes of reconstruction or amalgamation, piaced 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 unapapeable judgment englainst the User remains unsatisfied for a period of 10 (left) 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 rarry 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 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 MAJEURE 13.6.2 14. 14.1 14.2 14.2.1 14.2.2 14.2.3 14.2.4 14.3 15. FORCE MAILURE

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 (sexcluding payment obligations for materials purchased) but only to the extents o prevented and shall not be liable for any delay or failure in the performance of any obligations hereunder closes or damage which the other Party may be the other or service free due to or resulting from the Force Majeure, provided always that a written notice shall be promptly given or damage which the other Party may 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 forthwith to cancel this Agreement.

CESSION AND DELEGATION

The last shall and only written consent of the BHF which may not be surreasonable withheld code, delegate, transfer allegate, provided and single provided by the party of the BHF which may not be surreasonable withheld code, delegate, transfer allegate, provided and single provided by the party of the BHF which may not be surreasonable withheld code, delegate, transfer allegate, provided and the party of the BHF which may not be unreasonable withheld code, delegate, transfer allegate, provided and the party of the BHF which may not be unreasonable withheld code, d 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 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 The BHF Domicillium
Lower Ground Floor South Tower, 160 Jan Smut -Cnr. Tyrwhitt Ave, Rosebank, 2196
Postal address: PO Box 2863, Saxonwold, 2132 Contact No: 011 537 0200 Email: Clientservices@bhfglobal.com The User
As 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 occurred to the other Party, change its chosen address, telefax number, or e-mail address, provided that occurred to the other Party, change its chosen address, telefax number, or e-mail address, provided that:
the change shall be become effective on the 10th (tenth) Become effective end to 10th (tenth) 17.2 17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5 17.6 17.7 000 1000000000 100000000 18. DISPUTE RESOLUTION
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
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 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, 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 extopped against any Party in respect of lits rights under this Agreement.

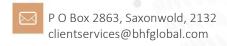
No failure by any Party to enforce any provision of this Agreement, and the future, nor shall a waiver of a subsequent breach nullify the effectiveness of the provision itself.

Except as provided for under this Agreement, no Party shall code any of its rights or delegate any of its oligitations 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 whatoever, 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 transposible, provided that if the Parties should fail to reach agreement on such provisions of this Agreement shall be deemed to be severable therefrom and shall continue in full force and effect unless such invalidity, unenforceability, defect or illegality goes to the root of this Agreement. 23.3 23.4 23.5 23.6 23.7 Initials ____



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





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Company Registration No. 2001/003387/08

Declaration

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

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

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

I further declare that I will abide by the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

SIGNATURE OF APPLICANT	DATE
FULL NAME AND SURNAME OF SIGNATORY	100000



