

Company Registration No. 2001/003387/08

Practice Code Number Application Form: Pharmacy

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: \Box

1	The completed application form and supporting documents can be sent to pcns_admin@bhfglobal	
2	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.	
3	Please be advised that as part of the application process, PCNS is required to verify the state employment of the Pharmacy Owner and Responsible Pharmacist (RP) linked to all Pharmacy applications received through the DPSA search: https://www.dpsa.gov.za/resource_centre/psverification/ . For your application form to be processed timeously please ensure that the necessary approval/s in the form of the below listed documents have been submitted for the Pharmacy Owner and the Responsible Pharmacists who may be employed by the state together with the Pharmacy 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 the approval/s (Confirmation of Community of Service Completion/RWOPS Certificate/ RWOPS Application form/Resignation letter/Sessional work confirmation/Work Contract) have been received we are going to perform a validation with the state employer/s. We will contact the employer/s 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 employment allows for private practice or ownership of a Pharmacy for a Pharmacy Owner employed by the state. Thus, we urge you to provide the correct contact information for the employer/s on the application form to ensure the process is not delayed. We also encourage you to advise the employer/s that the validation will take place, so they are aware.	
4	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.	
5	If the Responsible Pharmacist leaves the employ of the Pharmacy, the Pharmacy owner is required to submit the details and supporting documents for the replacement. Failure to update the change with PCNS may lead to the suspension of the practice number. Please access the following link to update the new Responsible Pharmacist's details: https://www.pcns.co.za/ApplicationForms/PharmacistReplacementForm?class=elements	
6	Should this application be for a change of ownership, a New Practice Code Number will be issued, and the previous Practice Code Number will be closed.	
7	If you have an existing practice number and are applying for a change of discipline or change of ownership you are liable to ensure that both practice numbers are paid for. Failure to pay for the existing practice number and the correct application fee for your change of discipline or change of ownership may delay the issuing of your new practice number.	
8	The PCNS practice number is not transferrable.	
0	The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.	
9		

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



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



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



087 210 0500



Company Registration No. 2001/003387/08

PLEASE TICK THE APPROPRIATE APPLICATION TYPE

New Application	Change of Ownership		Existing practice number if Change of Ownership
		Please	supply the effective date for the Change of Ownership

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

SUPPORTING DOCUMENT CERTIFICATION

Applications WILL NOT BE PROCESSED WITHOUT CERTIFIED COPIES OF ORIGINAL DOCUMENTATION 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, and valid for 6 months from the date of certification. 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)

OWNER/ APPOINTED PROXY AND PHARMACY DOCUMENTS				
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)				
Certified copy of the owner/appointed proxy'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 owner/appointed proxy's surname or name(s) differ on 2 or more				
supporting documents				
Marriage Certificate or				
Divorce Decree or				
A confirmation letter				
Declaration form signed by the owner or appointed proxy (mandatory)				
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 (mandatory for banking details that belong to a 3 rd party)				
Copy of the Company registration documents from the Registrar of Companies (where applicable)				
Certified copy of the Registration Certificate from the Pharmacy Council of South Africa, for the Pharmacy recording (mandatory)				
Certified copy of the Registration Certificate of the recording of the Owner. (mandatory)				
Certified copy of the license from the Department of Health of South Africa, for the registration of the Pharmacy (mandatory)				
Copy of proof from the Pharmacy Council of South Africa that the subscription fee for the Pharmacy (mandatory)				
Document confirming that the Pharmacy Owner has the necessary permission to practice or own a Pharmacy outside of the conditions of their employment				
with the state (Confirmation of Community of Service Completion/ Resignation letter/ RWOPS Application form/RWOPS Approval Certificate/Sessional work				
contract) (where applicable)				
If Change of Ownership: Sale agreement				
Proof of payment of PCNS Application Fee (Non-Refundable) (mandatory)				
RESPONSIBLE PHARMACIST DOCUMENTS				
Certified copy of the Responsible Pharmacist's identifying document (mandatory):				
Identity Document or	7			
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 Responsible Pharmacist's surname or name(s) differ on 2 or more				
supporting documents				
Marriage Certificate or				
Divorce Decree or				
A confirmation letter				
Certified copy of the Registration Certificate of the recording of the Responsible Pharmacist (mandatory)				
Copy of proof from the Pharmacy Council of South Africa that the subscription fee for the Responsible Pharmacist has been paid for the current year (mandatory)				
Document confirming that the Responsible Pharmacist has the necessary permission to practice outside of the conditions of their employment with the state				
(Confirmation of Community of Service Completion/ Resignation letter/ RWOPS Application form/RWOPS Approval Certificate/Sessional work contract)				
(where applicable)				



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



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

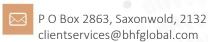




Company Registration No. 2001/003387/08

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						
OWNERS/APPOINTED PROXY DETAILS						
Title Initials First Names Surname ID Number Council Number PHARMACY DETAILS Please note that requests to backdate or alter the original starting date cannot be accommodated						
-	Pharmacy Name					
Responsible Pharmacist's Tax Number (if applicable)				le Pharmacist's Council Number Vat Number (if applicable)		
Registered Company	Yes	No	Company Registration Number			
Name and Surname Telephone Number						
Practice Postal Address				Practice Physical Address		
Suburb				Suburb Town		
Code 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)				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			/			
25.000	Telephone Numb	er:		Bureau Name:		
	Email Address:			Bureau website address:		









Company Registration No. 2001/003387/08

Banking Details Verification Form

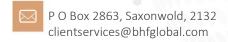
To: BHF Client Services

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

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

\Box				
200				
T X S				
FULL NAME AND SURNAME OF PRACTICE OWNER/APPOINTED PROXY				









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

Bank Debit Order Instruction

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

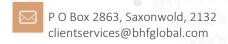
Please be advised that there is an annual practice code number renewal fee payable before the 31st of March each year. Should you wish to activate a debit order instruction for the practice number renewal fee, please complete and authorise the below section. **Incomplete debit order information will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

Bank details for debit order transaction purposes only

The details of my/our account are as follows:

Practice Name:				
Bank Name:				
Account Holder Name:				
Account Number:				
Account Type:				*
please select the applicable date. February	28 th		March 31st	
	ed by means of giving BHF 30 days' notion g to BHF, which BHF has withdrawn whi			not be entitled to
	reby authorised to effect the drawing ag y/our obligations in terms of this instructi			
Signed at:	on this	day of _	20_	0000
	Digital signatures are not acceptable and may		• / / / / / / / / / / / / / / / / / / /	
		49800	0/0//	
Authorised Bank Account	Holder initials and Surname/s	Authorised B	ank Account Holders Signature/s	
			00000	664
SIGNATURE OF PRACTICE OWN	IER/APPOINTED PROXY		24.00	
	, , ,	X		









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

PCNS Registration Fees

NB. The PCNS Application fee is non-refundable.

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

Please be advised that if there is an existing practice number and you are applying for a change of ownership both practice numbers are to be paid for. Failure to pay for the existing practice number and the correct application fee for your change of ownership may delay the issuing of your new practice number.

Applications will not be processed without proof of payment of PCNS application fees except Nedbank account holders who can only submit the proof of payment once a reference number has been issued by PCNS. Please refer to the Fee Schedule for the correct fee: https://www.pcns.co.za/Home/Fees

Amount payable

- Application fee for a new account (no existing practice)
- Change of ownership where a change in ownership has taken place (existing practice)

For security reasons, we only accept card payments on the premises. Alternatively, you may make use of one of the payment methods below.

NEDBANK account holder: PCNS is a registered bank-approved beneficiary. To make a payment you will be required to add us to your beneficiary list by selecting PCNS New Applications and entering a valid 5-digit reference number that you will obtain once your application has been received and drafted on our system.

Other Bank EFTs

Bank: Nedbank

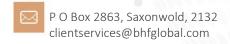
Branch: The Mall of Rosebank

Branch code: 197705 Account Name: PCNS

Account No: 1958 518 530
Account Type: Cheque account

Reference: It is recommended that a Council number or the PCNS-issued reference number be used as a reference









Company Registration No. 2001/003387/08

TERMS AND CONDITIONS FOR THE USE OF A PRACTICE NUMBER

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

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

Commencement Date shall mean 1 April 2016.

Confidential Indomation shall mean information or material proprietary to or deemed to be proprietary to the BHF, information acquired by the User by way of the User's interactions with the BHF, the contents of and all information entaining to any negotiations, discussions or transactions between the Parties, any information about or relating to the PCNS, including but not limited to the PCNS' designs, algorithms, formulae, content and/or decision making rules, all Intellectual Properties, and adventmentation including information including information contained therein, the know-how relating to the PCNS, including but not limited to the PCNS' designs, algorithms, formulae, content and/or decision making rules, all Intellectual Properties, and a properties of the BHF, and a properties of the PCNS designs, algorithms, formulae, content and/or decision making rules, all Intellectual Properties, and a properties of the PCNS' designs, algorithms, formulae, content and/or observed in which BHF or Properties or intents to operate, the research and development in which the BHF or peresentatives or intents to operate, the research and development in which the BHF or peresentatives or intents to operate, the research and development in which the BHF or peresentatives or intents or information which in the BHF or well as a social and and the properties of the BHF. The philosophy and general approach to business of the BHF. The philosophy and general approach to business of the BHF. The details of the BHF or and a social and a properties of the BHF or and a social and a properties of the BHF or and a social and a properties of irrespective of whether the format thereof which was disclosed in writing, verbally or otherwise by the BHF to the User and/or the User's representatives, presentatives, and any other information so disclosed by the BHF to the User and/or the User's representatives, and any other information which is disclosed by the BHF to the User and/or the User's representatives, and any other information which is disclosed by the BHF to the User and/or User's representatives, irrespective of whether any information so disclosed pursuant to this Agreement is in fact novel, unique, patentable, copyrightable or constitutes a trade secret; included a property shall include the annex, trademanks, designs, know-how, copyright poodwill, trade determined, but the constitution of the User and the User for use of the Practice Number.

Fee shall mean the annual fee payable by the User for use of the Practice Number.

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

PCNS shall mean the Practice Code Numbering System owned by the BHF, which includes a list of unique practice billing codes for providers of healthcare services in South Africa, Namibia, and Lesotho, including any updates, upgrades, and or amendments thereto from 2.2.5 2.2.6 2.2.7 2.2.8 PCMS shall mean the Practice Code Numbering System owned by the BHF, which includes a list of unique practice billing codes for providers of healthcare services in South Africa, 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, density, and provide a provider 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 intensitient with the context, an expression that denotes:
any one gender includes the other gender:
and the provision of the state of the provision of the stat 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 as 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 example or examples. 2.6 2.7 2.8 example or examples.

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

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

This Agreement shall not apply.

This Agreement shall not apply and enforceable 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 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 which expressly provide that they will operate after any such expiration or termination or which of necessity must continue to have effect after such expiration or termination, notwithstanding that the clauses themselves do not expressly provide for this.

INTRODUCTION 2.13 Interior in a beveloped unit PLAS in flower to lack indicated an incidence in the BHF and 4. 4.1 In respect, of a viser to window the or rise afterage anotated a relative number prior to the Commencement of a viser to window the prior to the Commencement of the C IN the Event have a user terminates una spectrum measures and the processing thereof in respect of services rendered by the User to User of the PACICE NUMBER
The User shall use the Practice Number exclusively for purposes related to the provision of medical services, including but not limited to the submission of reimbursement claims to Members and the processing thereof in respect of services rendered by the User to members of the Members, and such other purposes as may be agreed to by the BHF in writing from time to time. ct 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 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 to terms interest shall account on the outstanding balance of all amounts due and payable but unpaid by the User from time to time to terms interest shall account interest shall be charged at the rate of interest published as being charged from time to time by the BHF's bankers, as certified by 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: intro 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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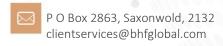
To use the Practice Number exclusively for such purposes as set out in clause 5.

To use the PCNS and/or of such as a such purpose and part of the PCNS for purposes other than those set out in clause 5 without the BHF's prior written consent.

To allow any third party who does not have a Practice Number to log onto the PCNS with the User's 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 this property of the BHF of any unauthorized use of the User's Practice Number. to immediately notify the BHF of any security breach of the User's profile on the PCNS. to supervise and control the use of the Practice Number in accordance with the terms of this Agreement. to make use of the necessary communications equipment required for accessing the PCNS. to immediately notify the BHF in writing of any problems that the User any experience while using the PCNS; and to ensure that the User's information on the PCNS is always current and updated. 10. sary for the proper running and functioning of the PCNS and authorizes the BHF to share such perso Initials









Company Registration No. 2001/003387/08

The User:

acknowledges that the intellectual Property subsisting in the PCNS is the exclusive property of the BHF. The User further acknowledges that the Intellectual Property subsisting in the PCNS is a commercial asset of considerable value to the BHF;

shall not in any manner or respect create the representation that it has any rights or title to the Intellectual Property subsisting in the PCNS, except as grovided for in this Agreement;

shall under no circumstances, use or apply for registration of any intellectual property which could conflict with the BHFs intellectual Property subsisting in the PCNS.

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

The User will treat and keep all 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 asserted and the User willnow, without the prior written consent of the BHF or as may be permitted in terms of any other written agreement between the Partles, directly or indirectly communicate, disclose, grant access to, sell or trade (whether in writing or orally or in any other manner) any of the Confidential Information to any third party who is not a party to this Agreement.

Ho User undertasets that it will not use the Confidential Information in grant manner and or with prior specific agreement and consent being obtained 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 stake since any observed in the provisions of this Agreement and or with prior specific agreement and consent being obtain 12.2 12.2.1 12.2.2 12.2.3 12.3 13. 13.1 13.2 13.3 13.4 ine user undertases not to:

or, perpoduce or adapt the Confidential Information in any manner or form;
develop anything similar to the Confidential Information; and/or
register any intelligentual property that pertains to or is based on the Confidential Information and plant register any intelligentual 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 addicated by the User to satisfy an order of a court of competent pursualition 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;

Should any Party (the Defaulting Party commit a 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 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 digitations. The adoresing is without prejudice to such other rights as the Aggrieved Party and have a law.

The BHF may immediately terminate this Agreement at any time by giving withsten notice or plant termination to the User it the User is, other than for the purposes of reconstruction or amalgamation, piaced under voluntary or computors plusidated termination or the Aggrieved Party and any arrangement or composition with its creditors generally or ceases to carry 13.5.2 13.5.3 13.6 13.6.1 13.6.2 14. 14.1 14.2 14.2.1 14.2.2 14.2.3 14.2.4 14.3 15. in the event or any act, to rous, state, war, walline operation, rous, commonwous, occurs, commonwous or work men, interference or a rose unions, suspension or account, presentation, and account of the person of account, and account of the person of account, presentation of any obligation hereunder (any such event hereinafter called Force Majeure) then 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 extents or 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 involving Force Majeure shall upon the termination of such Force Majeure given 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 to the parties. Each Party chooses the addresses set out opposite its name below as its addresses to proceedings in connection with this Agreement must be served.

The BHF Domicillum
Lower Ground Floor South Tower, 160 Jan Smut -Cnr. Tyrwhitt Ave, Rosebank, 2196
Postal address: PO Box 2863, Saxonwold, 2132
Contact No. 011 373 0200
Email: Clientservices@bhfglobal.com Contact residence in the CPUS.

The User

As recorded in the PCNS.

As 17.2 17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5 17.6 18. 19. The Parties undertake at all times to do all such things as may be in their power to do so, to perform all such acts and to take all such steps and to procure the doing of all such things, the performance of all such actions and the taking of all such steps as may be open to them and necessary for or incidental to the putting into effect or maintenance of the terms, conditions, and import of this Agreement. 20. RUI HOUR!! The Parties to this Agreement hereby warrant to each other Party that it is duly authorised and has taken all required corpor ate and other action to ensure that this Agreement is valid, binding, and enforceable against it. 21. 22. or not.

No variation, mendment, or consensual cancellation of this Agreement or any provision or term hereof and no settlement of any disputes arising under this Agreement, and no extension of time, waiver or relaxation, or suspension which is so given or made shall be constructed as relating strictly for the matter in respect whereoff it was made or given two strategies of the provisions or term for the provisions or term so frequent was made or given two strategies. No extension of time or waiver or relaxation of any of the provisions or terms of this Agreement.

No extension of time or waiver or relaxation of any of the provisions or terms of this Agreement, and pertare 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, and any of the provision stands the constitute a waiver of subsequent breach nullify the effectiveness of the provision itself.

Except as provided for under this Agreement, no Party shall code any of its rights or delegate any of its originations 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, enforceable and legal but maintaining the essential 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 Agreement should be deemed to be severable therefrom and shall continue in full force and effect unless such invalidity, unenforceable, defective, or illegal for any reason whatsoever, then the remaining terms and provisions of this Agreement should be deemed to be severable therefrom and shall continue in full force and effect unless such invalidity, unenforceable, or the provision of the same of the contract of the order 23.3

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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 OWNER/APPOINTED PROXY	DATE
FULL NAME AND SURNAME OF OWNER/APPOINTED PROXY	



