

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

Practice Code Number Application Form: Drug and Alcohol Rehabilitation Centre

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.

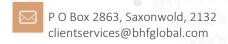
PLEASE NOTE

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	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	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.					
4	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.					
5	Please ensure that you submit a valid DoH license as this is a requirement to avoid the suspension of your practice number.					
6	The PCNS practice number is not transferrable.					
7	The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.	9				
8	Should you have any Queries regarding this Application, please contact Client Services at +27 87 210 0500 or e-mail clientservices@bhfglobal.com	• 0				

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.







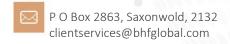


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In accordance with Legislation and BHF Policies, a Practice Number may not be reinstated without the following supporting documents (tick what is relevant to you and has been submitted)

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 forms signed by the consequence into discuss (see address)	П				
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)					
Contified apply of the Dury outing and Treatment of Dury Dougland, Designation Contificate from the					
Certified copy of the Prevention and Treatment of Drug Dependency Registration Certificate from the National Department of Social Development of South Africa (mandatory)					
National Department of Social Development of South Africa (mandatory)					
Copy of the Company Registration documents from the Registrar of Companies (where applicable).					
	000				
If Change of Ownership: Sale agreement					
Proof of payment of PCNS Application Fee (Non-Refundable) (mandatory)					

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





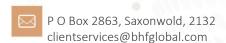
087 210 0500



Company Registration No. 2001/003387/08

OWNER/APPOINTED PROXY DETAILS Title Initials First Names Surname							
Title Initials First Names Surname							
ID Number							
REHAB CENTRE DETAILS Please note that requests to backdate or alter the original starting date cannot be accommodated							
Rehab Manager's Name							
Rehab Name							
Tax Number (if applicable) Vat Number (if applicable)							
Registered Company Yes No Company Registration Number							
Practice Postal Address Practice Physical Address)						
Suburb Suburb							
Town Town	7000						
Code Province 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) 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:	900						
Bureau Telephone Number:	78.00						
Email Address: Bureau website address:	9000						









Company Registration No. 2001/003387/08

Banking Details Verification Form

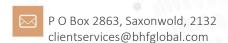
To: BHF Client Services

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										
application for a PCN	and lead to	enois in t	ile illioilliat	юп сары	ireu					
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 I	ID/Company Reg	gistration Num	ber(s)			
								111000	2000	4
										-
Authorised I	Bank Account	Holder in	tials and Su	ırname/s		Auth	orised Bank A	ccount Holders	Signature/s	3
						110			000	
		NB: Digita	l signatures a	re not acc	ceptable and may o	delay the process	sing of your appl	lication.		
								1008		
SIGNATURE OF PRAC	SIGNATURE OF PRACTICE OWNER/APPOINTED PROXY DATE						790			
								0/		
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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

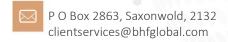
Please be advised that there is an annual practice code number renewal fee payable before the 31st of March each year. Should you wish to activate a debit order instruction for the practice number renewal fee, please complete and authorise the below section. **Incomplete debit order information will 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:				1
I/We hereby request and auth please select the applicable da	norise BHF to debit my/our account with	h the annual PCNS renewal f	ee on either of the followi	ng date
February	28 th	☐ Ma	arch 31st	
	led by means of giving BHF 30 days' not ng to BHF, which BHF has withdrawn wh			ntitled to
	ereby authorised to effect the drawing a ny/our obligations in terms of this instruc			
Signed at:	on this	day of	20	
NB	3: Digital signatures are not acceptable and ma			
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NB	3: Digital signatures are not acceptable and ma			
	3: Digital signatures are not acceptable and ma	ny delay the processing of your ap		
		ny delay the processing of your ap	plication.	
		ny delay the processing of your ap	plication.	
	nt Holder initials and Surname/s	ny delay the processing of your ap	plication.	
Authorised Bank Accoun	nt Holder initials and Surname/s	ny delay the processing of your ap	plication.	









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.

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)

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

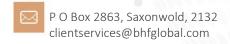
Branch: The Mall of Rosebank

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

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

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

Commencement Date shall mean 1 April 2016.

Confidential Indormation shall mean information or material proprietary to or deemed to be proprietary to the BHF, 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 an term of the BHF of the State of t usuaness of the port, integretive of whether any information is disclosed pursuant to this Agreement is in fact move to the core analytic three core is representatives, and any other information which is accusately used in the presentative and any other information whether any information is disclosed pursuant to this Agreement is in fact move, (unique, patentialle, copyrightable or constitutes a trade secret; intellectual Property shall include trade names, trademarks, designs, know-how, copyright, goodwill, trade dress, trade secrets, and proprietary information whether or not capable of registration and whether registered or not. Fee shall mean the annual fee payable by the User for use of the Practice Number.

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

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

PCRS shall mean the Practice Code Number.

Second or the Practice Code Number and Systems and the Practice One Number of Systems and the Number of Systems and the Practice One Number of Systems on the Practice One Number of Systems and Syste 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 date of the Party last signing this Agreement; and
User shall mean may general practitioner, medical specialist, dentitis, hospital, pharmacy, and/or any other supplier of medical and related services, who complies with the BHF's requirements to be issued with a Practice Number, and in respect of whom the BHF has allocated a Practice Number.
If any provision in a definition is a substantive provision conferring rights or imposing obligations on any Party, notwithst anding that it is only in the definition clause, effect shall be given to it as if it were a substantive provision of this Agreement.
Unless inconsistent with the context, an expression that denotes:
any one gender includes the other gender.

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

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

e any term is defined within the context of any particular clause in this Agreement, the terms o 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 all purposes in terms of this Agreement, notwithstanding that term has not been defined in this interpretation clause.

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

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

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

This Agreement shall be binding on and enforcable by the estates, heirs, executors, administrators, trustees, permitted assigns, or liquidators of the Parties as fully and effectually as if they had signed this Agreement in the first instance and reference to any Pa
be deemed to include such Party's estate, heirs, executors, administrators, trustees, permitted assigns or liquidators, as the case may be.

The expiration or termination of this Agreement shall not affect the provisions of this Agreement which expressly provide that they will operate after any such expiration or termination or which of necessity must continue to have effect after such expiration or

termination, notwithstanding that the clauses themselves do not expressly provide for this. 2.13 inter on it has beerlogied use PLA's in close to actuate the processed in the second of the second o 4. 4.1 In respect, of a viser to window the normal annual annual and a viser to whom the normal annual annu IN the Event has a User terminates unanger than the control of 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. SERVICES TETRICALE . FEE
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 into the BHF's bank account, the details of which shall be made known to the User from time to time.
Interest shall accrue on the outstanding balance of all amounts due and payable but unpaid by the User from time to time in terms of this Agreement. Such interest shall be charged at the rate of interest published as being charged from time to time by the BHF's 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, blus a margin of 2% (two percent) (or at the maximum rate allowed by law, whichever is the greater), calculated from the date falling immediately after the date on which payment becomes due in terms of the provisions of this Agreement until the date of payment. 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. Supp ort shall include telephonic support and electronic support. SUCKIONNO OF THE USER. 7. 7.1 7.2 8. inter user untertakes. So the PCNS and/or Practice Number in accordance with the provisions of this Agreement, the BHP's codes of conduct, and policies relating to the use of the PCNS and/or Practice Number. to use the Practice Number exclusively for such purposes as set out in clause 5.

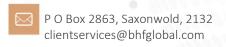
not to reproduce, copy and/or disclose any part of the PCNS for purposes other than those set out in clause 5 without the BHP's prior written consent.

not to allow any third party who does not have a Practice Number to ligo 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 N 8.1 8.2 8.3 8.4 set out in clause 5; not to allow any fraudulent use of the User's Practice Number. to immediately notify the BHF of any unauthorized use of the User's Practice Number. to immediately notify the BHF of any security breach of the User's profile on the PCNS. to supervise and control the use of the Practice Number in accordance with the terms of this Agreement. to supervise and control the use of the Practice Number in accordance with the terms of this Agreement. to make use of the necessary communications equipment required for accessing the PCNS. to immediately notify the BHF in writing of any problems that the User may experience while using the PCNS; and to ensure that the User's information on the PCNS is daways current and updated. 8.5 8.6 8.7 8.8 8.9 8.10 8.11 10. rensormal 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 persoaccordance with and for such purposes allowed for by the Protection of Personal Information Act, 2013.



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





Initials



Company Registration No. 2001/003387/08

12.2 12.2.1 12.2.2 12.2.3 12.3 The User: acknowledges that the intellectual Property subsisting in the PCNS is 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 greement; shall not not concurred that the User manner and provided for in this greement; shall not not concurred that the User makes and/or suggests any improvements and/or developments to the PCNS. To the extent that the User makes and/or suggests any improvements and/or developments to the PCNS, the rights in and to such improvements and/or developments 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 developments 13. 13.1 13.2 expected to be derived from the use of the Confidential Information, except as aniswed up in time Agreement any or with principle control and a second to be derived from the User applies to safeguard its own proprietary, secret, or confidential information disclosed by the BHF pursuant to the provisions of this Agreement, using the same standard of care that the User applies to safeguard its own proprietary, secret, or confidential information and a second transport of the Confidential Information disclosed by the BHF pursuant to the provisions of this Agreement, using the same standard of care that the User applies to safeguard its own proprietary, secret, or confidential Information and a second transport of the Confidential Information and shall take all reasonable steps to minimize the damage caused by such unauthorised disclosure and/or further disclosure of the Confidential Information. 13.4 disclosure of the Confidential Information and shall take all reasonable steps to minimize the damage caused by such unauthorised disclosure and/or further disclosure of the Confidential Information.

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

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

Note That Party (the Defaulting Party) commit a breach, other than a material breach, of any of the provisions of this Agreement, then any other Party (the Aggreeved Party) shall be entitled to require the Defaulting Party to remedy the breach within 5 (five) Business
Days, or any other reasonable time, of delivery of a written notice requiring it to do so. If the Defaulting Party fails to remedy the breach within the period specified in such notice the Aggreeved Party shall be entitled to claim immediate payment and/or performance
by the Defaulting Party so obligations. The aforegoing is without prejudice to such the regists as the Aggreeved 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:

Her so, there has not the purpose of the provision of the User;

Her so, the provision of the provision of the provision of the User;

Her so, the provision of the User remains unsatisfied for a period of 10 (ten) Business Days or more after it comes to the notice of the User;

Her later makes a veranement or cannocition with its resolutors reasonable or reconstruction or huggland or reason transcruption. a find and unappeasable (bugginess against to vice releasabless assessment as generally or ceases to carry on business;

ceases to render medical services and/or becomes unauthorized to or disqualified from providing medical services.

Any termination of this Agreement pursuant to the provisions of dissues 1-23 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 MAISURE In the event of any act of God, strike, war, warlike operation, rebellion, riot, civil commotion, lockout, combination of workmen, interference of trade unions, suspension of labour, fire, accident, unavailability, failure or suspension of services provided by third parties, or (without regard to the foregoing enumeration) of any circumstances arising or action taken beyond or outside the reasonable control of the Parties hereto preventing them or any of them from the performance of any obligations hereunder (any such event hereinsfer called force Majeure) hen the Party affected by such Force Majeure and bligations for materials purchased) but only to the extent so prevented and shall not be liable for any delay or failure in the performance of any obligations hereunder or loss or damage which where Party may suffer due toor resulting from the Force Majeure, provided always that a written notice shall be repromptly given of any such inability by the affected Party. Any Party invoking Force Majeure shall upon the termination of such Force Majeure give prompt written notice thereof to the other Party in the center of the continues for a period of more than 90 (ninety) days, then either Party shall be entitled forthwish to cancel this Agreement. 16.1 16.2 17. CESSION AND DELEGATION
The User shall not without the prior written consent of the BHF, which may not be unreasonably withheld cede, delegate, transfer, alienate, hypothecate, or otherwise dispose of any of its rights or obligations under this Agreement.
The BHF shall at all times be entitled to sell, cede, assign, make over unto or in favour of any person all its rights, title, and interest in and to this Agreement but not its obligations hereunder.

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

The BHF Domicilium

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

Any Party may by written notice to the other Party, change its chosen address, telefax number, or e-mail address to another address, provided that:
the change shall be usual business Day after the receipt or deemed receipt of the notice by the addressee in accordance with the provisions of clause 17.4, and any change in a Party's Domicillium shall only be to an address in South Africa, which is not a post office box or a post erestante.

Any note to be a Party to contained in a correctly addressee of envelope; and sent by prepaid registered post to it at its chosen address in clause 17.1;
shall be deemed to have been received in the case of clause 17.4, on the fifth Business Day after posting (unless the contrary is proved) and, in the case of clause 17.4.2 on the day of delivery.

Any notice by telefax or e-mail to a Party at its telefax number, nor e-mail address shall be entitled to institute any proceedings against the other Party shall be an adequate written notice or communication to it notwithstanding that it was not sent to or delivered at its chosen address, telefax number, or e-mail address are sent to a Party's ball be entitled to institute any proceedings against the other Party in any court 17.2 17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5 17.6 17.7 000 18. usue 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 petent jurisdiction. 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 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. 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 23.2 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 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 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 subprovision 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.

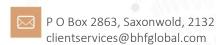
Except as provided for under this Agreement, no Party shall cede any of its rights or delegate any of its obligations under this Agreement without the prior written consent of the other Parties.

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, enforceable and legal but main taining the essential provisions of this Agreement should be invalid, unenforceable and legal but main taining the essential force and effect unless such invalidity, unenforceable that if the Parties should fail to reach agreement on such 23.3 23.4 23.5 23.6 23.7

Initials ____

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Company Registration No. 2001/003387/08

Declaration

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

	MARCHANA
SIGNATURE OF OWNER/APPOINTED PROXY	DATE

FULL NAME AND SURNAME OF OWNER/APPOINTED PROXY



