

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

Practice Code Number Application Form: Sub-Acute Facility

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

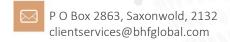
PLEASE NOTE

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	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	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.	
5	PCNS has contracted the Council for Health Service Accreditation of Southern Africa (COHSASA) to inspect on its behalf. All inspections will be carried out per the current PCNS inspection criteria. A copy of the criteria is attached to the application form Addendum 1 for your information.	
6	The PCNS Application fee and Inspection fees, as published on the PCNS website (www.pcns.co.za), must be paid to PCNS before the inspection is undertaken. Final invoices will be issued for the inspection fee and actual travel costs. In the event of a refund on the inspection fee, the amount will be paid into the same account as given on the banking details verification form.	
7	Please be advised that the Registration Date of your practice number will default to the date the PCN is successfully inspected by COHSASA.	
8	Please ensure that you submit a valid DoH license annually as this is an annual requirement to avoid the suspension of your practice number.	
9	The PCNS practice number is not transferrable.	-
10	The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions.	
11	Should you have any Queries regarding this Application, please contact Client Services at +27 87 210 0500 or e-mail clientservices@bhfglobal.com	

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









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

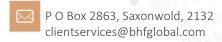
SUPPORTING DOCUMENT CERTIFICATION

Applications <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)

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)		
	9	
Certified copy of the owner/appointed proxy's identifying document (mandatory):		
Identity Document or	1 / N	
 Passport and proof of permanent residence, where the applicant is not a South African citizen. 	4	
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	300	
Marriage Certificate or	00	
Divorce Decree or	00	
A confirmation letter		
Declaration form signed by the owner or appointed proxy (mandatory)		
11110000000000000000000000000000000000	1000	
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)		
Certified copy of Marriage Certificate or Divorce Decree (where applicable)		
Contife decrease false Lineary (DAFO/407) from the Day in tiel Decretor and of Health (see alstern)		
Certified copy of the License (R158/187) from the Provincial Department of Health (mandatory)		
Copy of the Company Registration documents from the Registrar of Companies as per the proprietor/managing company listed		
on the R158/187 License for the Institution (where applicable)	0.	
If Change of Ownership Cale agreement	П	
If Change of Ownership: Sale agreement		
Proof of payment of PCNS Application (Non-Refundable) and Inspection Fees (mandatory)		
/ /		





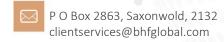




Company Registration No. 2001/003387/08

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				
OWNER/APPOINTED PROXY DETAILS				
Title ID Number_	Initials First Names	Surname		
	Please note that requ	SUB-ACUTE DETAILS sts to backdate or alter the original starting date cannot be accommodated		
Facility Mana	ger's Name			
Facility Name				
Tax Number	(if applicable)	Vat Number (if applicable)		
Registered Con	pany Yes No Company	Registration Number		
Practice Postal	Address	Practice Physical Address		
Suburb		Suburb		
Town		Town		
	Province	111111111111111111111111111111111111111		
Applicant's Tele (If no telephon telephone num	phone Number () e number is provided your cell phone number will be ca ber on the system as this is a mandatory field)	Applicant's Cell Number () Applicant's E-mail Address		
Please ensure t selected).	hat 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		
EDI User	EDI Company:	EDI website address:		
Bureau	Telephone Number:	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.

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We recommend that you complete the form in BLOCK letters only OR/ type to complete. Unclear handwriting may delay the processing of your application for a PCN and lead to errors in the information captured									
	-								
Practice Name									
Bank Name									
Branch Name									
Account Holder Name (not account type)									
Account Number									
Account Type	Current	Savings	Transmis	sion					/ \
Account Registration Type	ID Numbe		Company gistration	Enter	ID/Compan	y Registratio	on Number(s)		
							////	0000	9900
									2000
Authorised	Authorised Bank Account Holder initials and Surname/s Authorised Bank Account Holders Signature/s					nature/s			
		NB: Digita	l signatures a	re not ac	cceptable and	may delay the	e processing of your application	n. ,	
SIGNATURE OF PRA	CTICE OWNE	R/APPOIN	TED PROXY			-//	DATE		2290
						+++++		W000	
FULL NAME AND SURNAME OF PRACTICE OWNER/APPOINTED PROXY					-				
						-1116			



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





087 210 0500



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

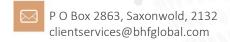
Please be advised that there is an annual practice code number renewal fee payable before the 31st of March each year. Should you wish to activate a debit order instruction for the practice number renewal fee, please complete and authorise the below section. **Incomplete debit order information will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

Bank details for debit order transaction purposes only

The details of my/our account are as follows:

Practice Name:			
Practice Name.			
Bank Name:			
Account Holder Name:			
Account Number:			
Account Type:			Ť
			//
I/We hereby request and autho (please select the applicable dat	orise BHF to debit my/our account with e):	the annual PCNS renewal fee o	n either of the following dates
☐ February 2	28 th	☐ Marc	h 31 st
	d by means of giving BHF 30 days' noti g to BHF, which BHF has withdrawn whi		nat I/we shall not be entitled to
	eby authorised to effect the drawing ag //our obligations in terms of this instruct		
Signed at:	on this	day of	20
	Digital signatures are not acceptable and may		
Authorized Dayle Assemb	Holder initials and Surname/s	Authorised Bank Account H	Jaldan Simahun (a
Authorised Bank Account	Holder Initials and Surname/s	Authorised Bank Account F	loiders Signature/s
SIGNATURE OF PRACTICE OWN	ER/APPOINTED PROXY		
		MADDEX	









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

PCNS Registration and Inspection 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 the 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

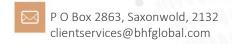
Branch: The Mall of Rosebank

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 of there than a Saturday, Sunday, or public holdary in South Africa.

Commencement Date shall mean 1 April 2016.

Confidential Information shall mean information or material proprietary to or deemed to be proprietary to the BHF, information designated as confidential by the BHF, information acquired by the User by way of the User's interactions with the BHF, the contents of and all information relating to any negotiations, discussions or transactions between the Parties, any information about or relating to an term of the BHF of the User and the property of the BHF and associated metarial and documentation including information contained therein, the know-how-relating thefes of activity within which the BHF operates or intents to operate, the research and development in which the BHF is involved and the philosophy and general approach to business of the BHF, techniques and contractual arrangements of the BHF, stending and the propriets of the BHF, and the BHF is involved and the philosophy and general approach to business of the BHF, stending all the BHF and stending and the propriets of the BHF, described is the stending and the BHF is involved and the philosophy and general approach to business of the BHF, stending all the BHF and stending and the propriets of the BHF, described business activates of the BHF, and the BHF and the propriets of the BHF and the BHF and the propriets of the BHF and the BHF and the propriets of the BHF and the BHF and the propriets of the BHF and the BHF and the propriets of the BHF and the BHF and the propriets of the BHF and the BHF and the BHF and the propriets of the BHF and the BHF and the BHF and the propriets of the BHF and the BHF a usuaness of the port, irrespective of whether any information is disclosed pursuant to this Agreement is infact noted, unique, patentially, cuprightable or constitutes a trade secret; intellectual Property shall include trade names, trademarks, designs, know-how, copyright, goodwill, trade dress, trade description and whether any information of the 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 Owner. 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. Secretary 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 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 fror 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 gardef 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 prevall.

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.

se 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 ple 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 in Arch on Direct to admissible transmissible transmiss 4. 4.1 In respect, of a viser to window the primary amounted a Practice number prior to the Commentment 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. IN the Event has a User terminates una system 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. ervices remains 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, plus 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. SUPPLIKT

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 electronic support. SUBJOANTON OF THE USER

THE USER METHOD NOT THE USER 7. 7.1 7.2 8. interview unvertakes.

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

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

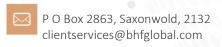
To use the Practice Number exclusively for such purposes as set out in clause 5.

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

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



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





Initials



Company Registration No. 2001/003387/08

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.

shall not in any manner or respect create the representation that it has any rights or title to the intellectual Property subsisting in the PCNS.

To the extent that the User makes and/or suggests any improvements and/or developments to the PCNS, the rights it and to 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 in It restant the Confidential Information in constitutes a valuable, special, and unique asset proprietary to the BHF.

The User will treat and keep all Confidential Information in confidence and as secret and the User will not, without the prior written consent of the BHF or as may be permitted in terms of any other written agreement between the Parties, directly or indirectly communicate, disclose, grant access to, sell or trade (whether in writing or orally or in any other manner) any of the Confidential Information in any manner whatsever including, without Initiation, any use with the intention or effect of depriving the BHF of any law, consideration, profit, or other remuneration that would reasonably be expected to be derived from the use of the Confidential Information in any manner whatsever including, without Initiation, any use with the intention or effect of depriving the BHF in writing, and will take all steps processing and solvers, agents and consultants comply we manner whatsever including, which shall at least to a reasonable standard of care, and that the Confidential Information hall be stored and handled in such a way as to prevent any unauth 13. 13.1 13.2 13.3 13.4 at least be a reasonable standard of care, and that the Confidential Information shall be stored and handled in such a way as to prevent any unauthorised disclosure thereof. The User shall immediately inform the BHF if the User becomes aware of any unauthorised 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 undertakes not to: copy, reproduce or adapt the Confidential Information in any manner or form; 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 discisosed by the User to satisfy an order of a court of competent jurisdiction or 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; 13.5.2 13.5.3 13.6 13.6.1 necessary to protect its interests in this regard provious nurses in this regard provious nurses in the composible in the circumstances, and is disclosed to a third party pursuant to the prior written consent of the BHF; BREACH AND TERMINITION.

Should any Party (the Defaulting Party) commits a breach, other than a material breach, of any of the provisions of this Agreement, then any other Party (the Aggrieved Party) shall be entitled to require the Defaulting Party to remedy the breach within 15 (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 shall be entitled to claim immediate payment and/or performance by the Defaulting Party of all of the Defaulting Party shall be entitled to claim immediate payment and/or performance by the Defaulting Party of all of the Defaulting Party shall be entitled to claim immediate payment and/or performance by the Defaulting Party shall be entitled to claim immediate payment and/or performance by the Defaulting Party shall be entitled to claim immediate payment and/or performance by the Defaulting Party shall be entitled to claim immediate payment and/or performance by the Defaulting Party shall be entitled to claim immediate payment and/or performance by the Defaulting Party shall be entitled to claim immediate payment and/or performance by the Defaulting Party shall be entitled to claim immediate to the provisions of the User if the User 13.6.2 14. 14.1 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 takes he beyond or outside the reasonable cost of the Parties hereto preventing them or any of them from the performance of any obligation hereunder (any such event hereinafter called Force Majeure) then the Party affected by such Force Majeure and all to here lable for any dealy or failure in the performance of any obligations hereunder of unions are considered to the party and any the partie due to a resulting from the Force Majeure, provided always that a written notice shall be promptly given of any such inability by the affected Party. Any Party invoking Force Majeure shall upon the termination of such Force Majeure give prompt written notice thereof to the other Party and the contract of the Strike Party shall be entitled forthwish to cancel this Agreement.

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. and
The User
As recorded in the PCNS. Any roctive in the PCNS.
Any roctive 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, telefax number, or e-mail address, telefax number, or e-mail address, provided that:

Any roctive of the party consistent on the 10th (penth) Business Days after the receipt or deemed are cept of the notice by the addressee in accordance with the provisions of clause 17.4, and developed that:

Any roctive to a Party consistent on the 10th (penth) Business Days after the receipt or deemed receipt of the notice by the addressee in accordance with the provisions of clause 17.4, and developed that:

Any roctive to a Party consistent and address in South Africa, which is not a post office box or a post creatante.

Any roctive to a Party consistent and address in South Africa, which is not a post office box or a post creatante.

Any roctive to a Party consistent and address in South Africa, which is not a post office box or a post creatante.

Any roctive to a Party consistent and address in Cause 17.1.3 or delivered by hand to a responsible person during ordinary business hours at its chosen address in clause 17.1.3 or delivered by hand to a responsible person during ordinary business hours at its chosen address in clause 17.4.4 or the day of delivery.

Any roctive by telefax or e-mail to a Party at its telefax number or e-mail address shall be deemed, unless the contrary is proved, to have been received in the case of clause 17.4. The date of transmission.

Notwithstanding anything to the contrary contained in this clause 5, a written notice or communication to it notwithstanding that it was not sent to or delivered at its chosen address, telefax number, or e-mail address shall be deemed, unless the contrary is proved, to have been received on the first Business Day after the date of transmission.

Notwithstanding anything to the contrary contained in this 17.2 17.3 17.3.1 17.3.2 17.4 17.4.1 17.4.2 17.5 17.6 17.7 000 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. ITV
is 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. 21. ons 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 auteng Local Division, Johannesburg in regard to all matters arising from this Agreement. 22. Each Party shall bear its own costs of and incidental to the negotiation, preparation, and execution of this Agreement GENERAL This document contains the entire agreement between the Parties in regard to the subject matter hereof.

No Party shall be bound by or have any claim or right of action arising from any express or implied term, undertaking, representation, warranty, promise, or the like not included or recorded in this document whether it induced the contract and/or whether it was negligent 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 extendion of this wave releasation, or suspension of any of the provisions or terms of the provision are not term hereof and no settlement of any disputes arising under this Agreement, and no extendion of this way are or relaxation, or suspension which is so given or made shall be construed as relating strictly to the matter in respect whereof it was radies or piece.

No extension of time or walver or relaxation of any of the provisions or terms of this Agreement, and the provision or affect in any way such party's right to require the performance of such provision at any time in the future, nor shall a walver of a subsequent breach nullify the effectiveness of the provision itself.

Except as provided for under this Agreement, and any of the subsequent of the subsequent prevail or the subsequent provision or affect in any way such Party's right to require the performance of such provision at any time in the future, nor shall a walver of a subsequent breach nullify the effectiveness of the provision itself.

Except as provided for under this Agreement, and any of the subsequent prevail or the subsequent provision and the subsequent provision at any time in the future, nor shall a walver of a subsequent prevail unlift to the parties.

If any clause or term of this Agreement and the provision of the subsequent provision and the subsequent provision itself.

Except as provided for under this Agreement, no Party shall code 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 clauses with a clause which is valid, enforceable and legal but maintaining the essential prov

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23.3 23.4 23.5







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.

	Kulinese Silvora
SIGNATURE OF PRACTICE OWNER/APPOINTED PROXY	DATE
FULL NAME AND SURNAME OF APPOINTED PROXY	/



