



# PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 July 2025

## BANK DEBIT ORDER INSTRUCTION

**THE COMPLETION AND SUBMISSION OF THE DEBIT ORDER INSTRUCTION FORM IS MANDATORY**

**We recommend that you complete the form in BLOCK letters only, OR/ type to complete. Unclear handwriting may delay the processing of your update 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. It is mandatory to activate a debit order instruction for the practice number renewal fee. Please complete and authorise the section below. Incomplete debit order information will not be accepted. The completed update form can be sent to [pcns\\_admin@bhfglobal.com](mailto:pcns_admin@bhfglobal.com)

### Bank details for debit order transaction purposes only

The details of my/our account are as follows:

Practice Name:	
Practice Number:	
Bank Name:	
Account Holder Name:	
Account Number:	
Account Type:	

I/We hereby request and authorise BHF to debit my/our account with the annual PCNS renewal fee on either of the following dates (please select the applicable date):

☐ February 28<sup>th</sup>

☐ March 31<sup>st</sup>

This instruction may be cancelled by means of giving BHF 30 days' notice in writing. I/We understand that I/we shall not be entitled to refunds of amounts legally owing to BHF, which BHF has withdrawn whilst this instruction was in force.

I/We acknowledge that BHF is hereby authorised to effect the drawing against my/our account may not cede or assign its rights, and that I/we may not delegate any of my/our obligations in terms of this instruction to any third party before the written consent of the authorised party.

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

_____ Authorised Bank Account Holder initials and Surname/s	_____ Authorised Bank Account Holders' Signature/s
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SIGNATURE OF PRACTICE OWNER/APPOINTED PROXY

T 087 210 0500 | Lower Ground Floor, South Tower, 1Sixty Jan Smuts, Rosebank, 2196 | P O Box 2863, Saxonwold, 2131

Company Registration No. 2001/003387/08