

Bank Debit Order Instruction

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 e-mail PCNSFinance@bhfglobal.com **Please note that incomplete forms will not be accepted.**

Provider details

Date: _____ Practice number: _____

Name: _____

Bank details for debit order transaction purposes only

The details of my/our account are as follows:

Bank Name: _____ Branch Name: _____
 Branch Code: _____ Account 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 applicable date):

February 28th

March 31st

This instruction may be cancelled by means of giving BHF 30 days' notice in writing, sent via registered post to the BHF offices. I/We understand that I/we shall not be entitled to refunds of amounts legally owing to BHF, which BHF has withdrawn whilst this instruction was in force.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 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 prior to written consent of the authorised party.

Signed at: _____ on this _____ day of _____ 20____.

Initial & Surname	Authorised Signature
Initial & Surname	Authorised Signature
Initial & Surname	Authorised Signature
Initial & Surname	Authorised Signature

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



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



T +27 87 210 0500



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