PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 July 2026

PARTNERSHIP 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

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):

☐ **End of April** ☐ **End of May** ☐ **End of June**

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 I/We understand that I/we shall not be entitled to refunds of amounts legally owing to BHF, which BHF has withdrawn whilst this instruction was in force.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**

The signatures of two or more partners linked to this application are required below; unless the application is for Solus Inc., then only one signature is required.

Full name and surname of partner: _____	**Signature:** _____	**Date:** _____
Full name and surname of partner: _____	**Signature:** _____	**Date:** _____
Full name and surname of partner: _____	**Signature:** _____	**Date:** _____

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