



# PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 November 2024

## PARTNERSHIP 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 31<sup>st</sup> 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.** 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 I/We understand that I/we shall not be entitled to refunds of amounts legally owing to BHF, which BHF has withdrawn whilst this instruction was in force.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 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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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: _____
Full name and surname of partner: _____	Signature: _____	Date: _____

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