



# PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 July 2025

## PRACTICE NUMBER SUSPENSION REQUEST

The completed update form can be sent to [pcns\\_admin@bhfglobal.com](mailto:pcns_admin@bhfglobal.com)

Date: \_\_\_\_\_

Practice Number: \_\_\_\_\_

Practice Name: \_\_\_\_\_

We the undersigned request that PCNS suspend our Practice Code Number effective from:

\_\_\_\_\_

***Please note that the suspension effective date cannot exceed 30 (thirty) days from the date of submission. Furthermore, suspensions cannot be backdated.***

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

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: _____	Individual Practice Number: _____	Date: _____
Full name and surname of partner: _____	Signature: _____	Individual Practice Number: _____	Date: _____
Full name and surname of partner: _____	Signature: _____	Individual Practice Number: _____	Date: _____
Full name and surname of partner: _____	Signature: _____	Individual Practice Number: _____	Date: _____

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Company Registration No. 2001/003387/08