



PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 February 2025

PRACTICE NUMBER SUSPENSION REQUEST

The completed update form can be sent to pcns_admin@bhfglobal.com

Date: _____

Practice Number: _____

Council Number: _____

ID Number: _____

I, (full name and surname) _____

would like to request that PCNS suspend my/our Practice Code Number effective from (date)

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 reinstatement.

SIGNATURE OF APPLICANT/NOMINATED PROXY

DATE

FULL NAME AND SURNAME OF APPLICANT/NOMINATED 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