



B·H·F
PRACTICE CODE
NUMBERING SYSTEM

Lower Ground Floor, South Tower, 1Sixty Jan Smuts,
Jan Smuts Ave, cnr Tyrwhitt Ave, Rosebank, 2196
P O Box 2324, Parklands 2121, South Africa
Client Services: 0861 30 20 10 • Fax: 086 607 3703
Tel: +27 11 537 0200 • Fax: +27 11 880 5959
e-mail: clientservices@bhfglobal.com • web: www.bhfglobal.com

Practice Code Number Application Form: Partnership, Association or Incorporated Practice

A Practice Code Number (PCN) is allocated based on the authority granted to the Board of Healthcare Funders of Southern Africa (BHF) by the Council for Medical Schemes (CMS) to allocate PCNs to suppliers of relevant healthcare services. The BHF's PCN unit ("PCNS") is the entity tasked with the administration of practice code numbers. It is the responsibility of the applicant to complete the particulars required hereunder and to supply all the necessary information, as per the PCN application. The PCN unit will allocate PCNs to suppliers of relevant health services who comply with the PCNS application verification criteria.

In Accordance with Legislation and BHF Policies, a Practice Number may not be issued without the following:

- **Certified copy of ID**
- **Certified copy of the passport and proof of permanent residence permit, where the applicant is not a South African citizen.**
- **Certified copy of the Incorporated Certificate from the Registrar of Companies (where applicable).**
- **Detailed proof of your Professional Indemnity Cover applicable to HPCSA practitioners only.**
- **Certified copy of the Independent registration certificate from the statutory council.**
- **Certified copy of Marriage Certificate or Divorce Decree (where applicable).**
- **Proof from the statutory council that the subscription fee has been paid for the current year.**

Please complete the following forms, which are attached hereto:

- **Form providing details of a Commissioner of Oaths**
- **Form providing details of the practice/facility/service/business**
- **Signed Declaration**
- **Banking details verification form**
- **OPTIONAL: The bank debit order instruction form for PCNS annual renewal fees**

PLEASE NOTE

1. Faxed or Emailed Applications will not be accepted. Applications must be submitted by way of Registered Mail or Hand Delivered to the BHF Office
2. Should your Registration change from a General Practitioner to a Specialist, a New Practice Code Number will be issued, and the GP Practice Code Number will be closed.
3. The Compliance and Risk Unit has been established to monitor adherence to the PCN System's Terms and Conditions. Should you have any Queries regarding this Application, please contact Client Services on **0861-30-20-10**, by facsimile on **(011) 880-5959** or **086-607-3703**, or e-mail clientservices@bhfglobal.com

Undesirable Business Practice

Healthcare practitioners registered with the HPCSA, applying for a practice number should take note of the HPCSA policy document on Undesirable Business Practices on "Employment of Practitioners". To access the full policy document, utilise the link:
http://www.hpcsa.co.za/downloads/conduct_ethics/undesirable_business_practices.pdf

SERVING MEDICAL SCHEME MEMBERS



DIRECTORS: Executive K Mothudi (Managing), Non-Executive: A Hamdulay (Chairman), A Fourie-Van Zyl, G Goolab, I Isdale, Y Mabule, O Mahanjana, V Memela, H Nhlapo, C Raftopoulos, S Sanyanga (Zimbabwe), H Stephens, C Schafer (Namibia), T Moumakwa (Botswana), N Nyathi, M Mahlaba, M Bayley, SA Matsoso (Lesotho).

Applications will NOT be processed without **ORIGINAL DOCUMENTATION OR COPIES CERTIFIED** by one of the South African registered authorities listed below. The stamp on the certified document must include the name of the Commissioner of Oaths and the words **COMMISSIONER OF OATHS**. Please note that the BHF policy requires that in order to obtain a practice number, a health service provider must be registered in terms of South African Law, as this is a requirement of the Medical Schemes Act (Act. No 131 of 1998).

* Advocate * Attorney * Notary * Conveyancer * Bank Manager * Judge * Clerk of the Court * Magistrate * Police

DETAILS OF COMMISSIONER OF OATHS:

Full Name & Surname _____

Reference number _____

Signature _____

Postal address _____ **Physical address** _____

Code _____

Code _____

Town _____

Town _____

Contact number _____

Fax number _____

E-mail _____



COMMISSIONER OF OATHS STAMP

PARTNERSHIP, ASSOCIATION OR INCORPORATED PRACTICE DETAILS

Name of Partnership, Association or Incorporated Practice _____

PRACTICE DETAILS

Please note that requests to backdate or alter the original starting date cannot be accommodated

Effective starting date of practice number _____ VAT number _____

Dispensing Licence	Yes	No	Licence number <i>(If applicable)</i> _____	Effective date _____
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Practice Postal Address _____

Practice Physical Address _____

Code _____ Province _____

Code _____ Province _____

Telephone Number (_____) _____

Cell Number (_____) _____

Facsimile Number (_____) _____

E-mail Address _____

EDI DETAILS

(Only applicable where claims for reimbursement are submitted electronically)

EDI User	Yes	No	EDI Company
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Would you prefer that medical schemes reimburse you by making a direct payment into your bank account	Yes	No
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BANK DETAILS

We would like to bring to your attention that it is an obligation of medical scheme administrators to verify healthcare providers' banking details. However, since the banking details of providers of service form part of the data set contained within the PCN system, BHF will continue updating this information disseminating them to medical schemes. Providers of service are therefore advised to contact medical schemes with which they do business in order to verify their banking details.

Please ensure that the form is endorsed by the relevant bank by obtaining a bank stamp on the bottom left hand corner
OR

Submit an original cancelled cheque/ Original letter from the bank confirming banking details

PARTNERS, ASSOCIATES, SHAREHOLDERS OR DIRECTORS DETAILS

Please list all the partners, associates, shareholders or directors who will be actively rendering a service at this practice. Also note that it is essential that each partner, associate, shareholder or director individually signs this form to give consent that their individual practice number is linked and that they are fully in agreement with the application for a group practice number.

Individual Practice Number _____ Name & Surname _____ ID Number _____ Signature to be linked _____ Effective date to be linked _____	Individual Practice Number _____ Name & Surname _____ ID Number _____ Signature to be linked _____ Effective date to be linked _____
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Banking Details Verification Form

To: BHF Client Services

I/ We declare that the details on this Banking Verification Form are correct and may be used by the medical schemes and their administrators for reimbursement of claims.

I/ We authorise medical schemes and their administrators to pay any amounts which accrue to me / us to the credit of my / our account into the below mentioned bank account.

Service Providers are requested to complete and submit this form via registered mail to:
BHF Client Services, PO Box 2324, Parklands, 2121.

Please ensure that the form is endorsed by the relevant bank by obtaining a bank stamp in the space provided below.

Practice Name											
Name of Bank											
Name of Branch											
Account Name											
Branch Code											
Account Number											
Type of Account	Current	Savings	Transmission								
New Account	Yes	No									
If yes, state date on which account became effective											
D	D	M	M	Y	Y	Y	Y				
Initial & Surname							Authorised Signature				
Initial & Surname							Authorised Signature				
Initial & Surname							Authorised Signature				
Initial & Surname							Authorised Signature				
Initial & Surname							Authorised Signature				
Initial & Surname							Authorised Signature				
Bank account particulars certified as correct			Name and Signature of Bank Official				BANK STAMP				
YES	NO										

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Declaration

I, the undersigned, hereby declare that the information contained on the annexed application form is valid, correct and reflects my personal information as on the date of signature hereof.

I duly authorise the Board of Healthcare Funders of Southern Africa (BHF) to disseminate the information set out in the annexed application form with the BHF's member schemes/Administration Houses and / or PCNS Users for reimbursement purposes and/or Marketing purposes. To the extent that the information provided is not true and correct, I hereby indemnify the BHF against any claims which may be instituted against the BHF as a result of the incorrect information which I have provided to the BHF.

I undertake to promptly advise the BHF of any changes to my practice profile as and when such changes may occur.

I further declare that I will abide by the following:

I agree to annually renew my practice number and to pay to the annual fee, as determined by BHF, towards the maintenance and running of the PCNS for the period that my practice number remains active.

I acknowledge that failure to renew registration on an annual basis and to pay the annual fee in respect of the maintenance and running of the PCNS will result in my practice number being rendered inactive.

I agree to comply with all relevant legislation, in particular the provisions of the Medical Schemes Act, 1998. In this regard I agree to comply with the requirement to include diagnostic codes, and the full cost on my accounts or statements used to claim benefits from medical schemes and administrators.

I declare that I will comply with the requirement of regulation 5(f) of the General Regulations of the Medical Schemes Act and will use the ICD 10 Code for this purpose.

I declare that I will comply with the requirement of regulation 5(h) of the General Regulations to the Medical Schemes Act requiring the full cost of rendering service to be included on all accounts or statements.

I declare that I am registered with the relevant South African statutory body.

I agree to comply with all obligations in terms of the Income Tax Act.

I acknowledge that a practice number does not guarantee payment by a medical scheme or medical scheme administrator and shall under no circumstances attempt to recover any payment costs from the BHF, or unnecessarily involve the BHF in any disputes that I may have with a medical scheme administrator.

I agree that, in the event that I become aware of any fraudulent activities associated with my practice number, I will immediately notify the BHF thereof, and shall assist the BHF with any investigation action which may be taken by the BHF's Forensic Management Unit.

I agree to be bound by the BHF's policies and terms and conditions relating to the use of practice numbers as amended from time to time, and shall familiarise myself with the content of any updates to such policies and terms and conditions which the BHF may make from time to time, and shall use the practice number only in accordance with the BHF's latest amendments and requirements pertaining to the use of the practice number.

Full name of signatory: _____	Signature: _____	Date: _____
Full name of signatory: _____	Signature: _____	Date: _____
Full name of signatory: _____	Signature: _____	Date: _____
Full name of signatory: _____	Signature: _____	Date: _____
Full name of signatory: _____	Signature: _____	Date: _____
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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 fax to 086-607-3988 or e-mail SenzoB@bhfglobal.com **Please note that incomplete forms will not be accepted.**

Provider details

Date: _____ Service Provider: _____

Name: _____ Practice number: _____

Business Physical Address: _____

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: _____

In the case of an incorporated practice or a group practice, please ensure that the signatures of all the partners are also reflected below.

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

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.

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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_____.

AUTHORISED SIGNATURE/S AS USED FOR SIGNING BANK CHEQUES:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

PCNS Registration Fees

Applications will not be processed without proof of payment of PCNS registration fees.
For security reasons, we prefer not to have cash on the premises. We therefore request that you make use of one of the payment methods listed below:

Cheque Payment

Registration fee payable to:
Address to which cheque must be sent:

**PCNS
P O Box 2324
Parklands
2121**

OR

Direct Deposit

Bank : **Nedbank**
Branch : **The Mall of Rosebank**
Branch code : **197705**
Account No : **1958 518 530**
Account Type : **Cheque account**
Account Name : **PCNS**

(PLEASE USE YOUR SURNAME AND COUNCIL REGISTRATION NUMBER AS A REFERENCE. PLEASE ATTACH THE PROOF OF PAYMENT TO YOUR APPLICATION FORM)

<p>1. TERMS AND CONDITIONS FOR USE OF A PRACTICE NUMBER</p> <p>1.1 PARTIES</p> <p>1.2 This Agreement is entered into by and between the Board of Healthcare Funders of Southern Africa NPC (Registration Number 2001/003387/08), a non-profit company duly incorporated in accordance with the laws of the Republic of South Africa (BHF), and the User as defined below; each sometimes referred to as a Party and collectively as the Parties.</p> <p>2. INTERPRETATION</p> <p>2.1 The headings to the clauses of this Agreement are inserted for reference purposes only and shall in no way govern or affect the interpretation thereof.</p> <p>2.2 Unless inconsistent with the context, the expressions set forth below shall bear the following meanings:</p> <p>2.2.1 Agreement shall mean these terms and conditions, as amended from time to time;</p> <p>2.2.2 Business Day shall mean any day other than a Saturday, Sunday or public holiday in South Africa;</p> <p>2.2.3 Commencement Date shall mean 1 April 2016;</p> <p>2.2.4 Confidential Information shall mean information or material proprietary to or deemed to be proprietary to the BHF, information designated as confidential by the BHF, information acquired by the User by way of the User's interactions with the BHF, the contents of and all information relating to any negotiations, discussions or transactions between the Parties, any information about or relating to the PCNS, including but not limited to the PCNS' designs, algorithms, formulae, content and/or decision making rules, all Intellectual Property of the BHF and associated material and documentation including information contained therein, the know-how relating to the fields of activity within which the BHF operates or intends to operate, the research and development in which the BHF is involved and the philosophy and general approach to business of the BHF, techniques and contractual arrangements of the BHF, the details of the BHF's relationship with third parties, the names of the BHF's current or prospective business associates and members and their requirements, the membership and business contracts of the BHF, details of the BHF's financial structure and business activities, the marketing, pricing in other policies of the BHF as well as all other matters or information which relates to the business or intended business of the BHF, irrespective of whether the format thereof which was disclosed in writing, verbally or otherwise by the BHF to the User and/or the User's representatives, and any other information which is disclosed by the BHF to the User and/or User's representatives, irrespective of whether any information so disclosed pursuant to this Agreement is in fact novel, unique, patentable, copyrightable or constitutes a trade secret;</p> <p>2.2.5 Intellectual Property shall include trade names, trade marks, designs, know-how, copyright, goodwill, trade dress, trade secrets and proprietary information whether or not capable of registration and whether registered or not;</p> <p>2.2.6 Fee shall mean the annual fee payable by the User for use of the Practice Number;</p> <p>2.2.7 Members shall mean medical aid scheme, as defined in the Medical Aid Schemes Act, 1998, that is a member with the BHF;</p> <p>2.2.8 PCNS shall mean the Practice Code Numbering System owned by the BHF, which includes a list of unique practice billing codes for providers of healthcare services in South Africa, Namibia and Lesotho, including any updates, upgrades and or amendments thereto from time to time;</p> <p>2.2.9 Practice Number shall mean the number allocated by the BHF to a User for purposes of <i>inter alia</i> identifying such User on the PCNS;</p> <p>2.2.10 Signature Date shall mean the date of the Party last signing this Agreement; and</p> <p>2.2.11 User shall mean any general practitioner, medical specialist, dentist, hospital, pharmacy and/or any other supplier of medical and related services, who complies with the BHF's requirements to be issued with a Practice Number, and in respect of whom the BHF has allocated a Practice Number.</p> <p>2.3 If any provision in a definition is a substantive provision conferring rights or imposing obligations on any Party, notwithstanding that it is only in the definition clause, effect shall be given to it as if it were a substantive provision of this Agreement.</p> <p>2.4 Unless inconsistent with the context, an expression which denotes:</p> <p>2.4.1 any one gender includes the other gender;</p> <p>2.4.2 a natural person includes an artificial person and <i>vice versa</i>; and</p> <p>2.4.3 the singular includes the plural and <i>vice versa</i>.</p> <p>2.5 When any number of days is prescribed in this Agreement, same shall be reckoned exclusively of the first and inclusively of the last day unless the last day falls on a day which is not a Business Day, in which case the last day shall be the immediately following Business Day.</p> <p>2.6 In the event that the day of payment of any amount due in terms of this Agreement should fall on a day which is not a Business Day, then the relevant date for payment shall be the following Business Day. Where figures are referred to in numerals and in words, if there is any conflict between the two, the words shall prevail.</p> <p>2.7 Where any term is defined within the context of any particular clause in this Agreement, the term so defined, unless it is clear from the clause in question that the term so defined has limited application to the relevant clause, shall bear the same meaning as ascribed to it for all purposes in terms of this Agreement, notwithstanding that that term has not been defined in this interpretation clause.</p> <p>2.8 The use of the word including followed by a specific example or examples shall not be construed as limiting the meaning of the general wording preceding it and the <i>ejusdem generis</i> rule shall not be applied in the interpretation of such general wording or such specific example or examples.</p> <p>2.10 Any reference to an enactment in this Agreement is to that enactment as at the commencement of this Agreement and as amended or re-enacted from time to time.</p>	<p>2.11 The rule of construction that the contract shall be interpreted against the Party responsible for the drafting or preparation of the Agreement, shall not apply. This Agreement shall be binding on and enforceable by the estates, heirs, executors, administrators, trustees, permitted assigns or liquidators of the Parties as fully and effectually as if they had signed this Agreement in the first instance and reference to any Party shall be deemed to include such Party's estate, heirs, executors, administrators, trustees, permitted assigns or liquidators, as the case may be.</p> <p>2.12 The expiration or termination of this Agreement shall not affect the provisions of this Agreement which expressly provide that they will operate after any such expiration or termination or which of necessity must continue to have effect after such expiration or termination, notwithstanding that the clauses themselves do not expressly provide for this.</p> <p>3. INTRODUCTION</p> <p>3.1 The BHF has developed the PCNS in order to facilitate the procedure in terms of which the Members make payments to Users.</p> <p>3.2 In order for the Members to make payment to a User, the User must be registered with the BHF and the BHF must have allocated a Practice Number to the User.</p> <p>3.3 The Parties accordingly enter into this Agreement to record the terms and conditions on which the BHF will issue the User with a Practice Number, and that will apply to the use of the Practice Number.</p> <p>4. COMMENCEMENT AND DURATION</p> <p>4.1 In respect of a User to whom the BHF has already allocated a Practice Number prior to the Commencement Date, this Agreement shall commence on the Commencement Date. In respect of a User to whom the BHF issue a Practice Number after the Commencement Date, this Agreement shall commence on the Signature Date.</p> <p>4.2 This Agreement shall endure for as long as the User has a Practice Number and makes use of the PCNS, unless otherwise terminated in accordance with the provisions of this Agreement.</p> <p>4.3 The User may at any time terminate this Agreement by giving the other Party written notice of termination of this Agreement.</p> <p>4.4 In the event that a User terminates this Agreement in accordance with clause 4.3, such User shall not have any claim against the BHF in respect of the Fee, which the User may have paid over to the BHF prior to termination of this Agreement.</p> <p>5. USE OF THE PRACTICE NUMBER</p> <p>5.1 The User shall use the Practice Number exclusively for purposes related to the provision of medical services, including but not limited to the submission of reimbursement claims to Members and the processing thereof in respect of services rendered by the User to members of the Members, and such other purposes as may be agreed to by the BHF in writing from time to time.</p> <p>6. FEE</p> <p>6.1 The User shall pay to the BHF the Fee in the amount of R263.16 (excluding Value-Added Tax) on or before 31-March in every calendar year. The Fee shall be subject to an annual escalation as determined by the BHF Board of Directors.</p> <p>6.2 All payments by the User in terms of the provisions of this Agreement shall be made by means of an electronic fund transfer to the bank account nominated by the BHF, free of costs, deductions, set off and exchange.</p> <p>6.3 The User shall pay all payments due in terms of this Agreement into the BHF's bank account, the details of which shall be made known to the User from time to time. Interest shall accrue on the outstanding balance of all amounts due and payable but unpaid by the User from time to time in terms of this Agreement. Such interest shall be charged at the rate of interest published as being charged from time to time by the BHF's bankers, as certified by any manager of that bank, whose appointment need not be proved and whose certification shall, in the absence of manifest error, be final and binding on the Parties, plus a margin of 2% (two percent) (or at the maximum rate allowed by law, whichever is the greater), calculated from the date falling immediately after the date on which payment becomes due in terms of the provisions of this Agreement until the date of payment.</p> <p>7. SUPPORT</p> <p>7.1 The BHF shall provide reasonable support in respect of the use of the Practice Number on an ad hoc basis as and when reasonably requested by the User. Support shall include telephonic support and electronic support. Support shall be given during the hours of 08h00 to 16h30 on Business Days.</p> <p>7.2</p>	<p>8. OBLIGATION OF THE USER</p> <p>8.1 The User undertakes:</p> <p>8.2 to use the Practice Number in accordance with the provisions of this Agreement, the BHF's codes of conduct and policies relating to the use of the PCNS and/or Practice Number;</p> <p>8.3 to use the Practice Number exclusively for such purposes as set out in clause 5;</p> <p>8.4 not to reproduce, copy and/or disclose any part of the PCNS for purposes other than those set out in clause 5 without the BHF's prior written consent;</p> <p>8.5 to supervise and control the use of the Practice Number to log onto the PCNS with the User's login details, and/or to use the PCNS on behalf of the User, unless such third party is duly authorised by the User to use the User's Practice Number for the purposes as set out in clause 5;</p> <p>8.6 not to allow any fraudulent use of the User's Practice Number;</p> <p>8.7 to immediately notify the BHF of any unauthorized use of the User's Practice Number;</p> <p>8.8 to immediately notify the BHF of any security breach of the User's profile on the PCNS;</p> <p>8.9 to supervise and control the use of the Practice Number in accordance with the terms of this Agreement;</p> <p>8.10 to make use of the necessary communications equipment required for accessing the PCNS;</p> <p>8.11 to immediately notify the BHF in writing of any problems that the User may experience while using the PCNS; and to ensure that the User's information on the PCNS is always current and updated.</p> <p>9. LIMITATION OF LIABILITY</p> <p>9.1 To the extent permitted by law, and except to the extent set out elsewhere in this Agreement, the BHF shall not be liable to the User for any loss, damage, cost, expense or penalty (including consequential loss or special damages) (Losses) whatsoever or howsoever caused arising directly or indirectly in connection with this Agreement, the use of the Practice Number and/or PCNS or otherwise. The User hereby indemnifies and holds the BHF and its employees and contractors harmless against all such Losses.</p> <p>10. PERSONAL INFORMATION</p> <p>10.1 The User consents to the BHF processing all such personal information relating to the User that is necessary for the proper running and functioning of the PCNS, and authorizes the BHF to share such personal information with the Members and/or other third parties, in accordance with and for such purposes allowed for by the Protection of Personal Information Act, 2013.</p> <p>11. WARRANTIES</p> <p>11.1 The User acknowledges that PCNS in general is not error free and agrees that the existence of such errors in the PCNS does not constitute a breach of this Agreement by the BHF.</p> <p>11.2 Except to the extent set out elsewhere in this Agreement, the BHF gives no warranties, whether express or implied, in respect of the PCNS. Without limiting the generality of the aforesaid, it is recorded that no warranties regarding the operations, suitability for the User's environment or fitness for any particular purpose are given by the BHF.</p> <p>12. INTELLECTUAL PROPERTY</p> <p>12.1 The User hereby undertakes not to challenge the proprietorship of the BHF's Intellectual Property subsisting in the PCNS, and/or any other right, title or interest related thereto.</p> <p>12.2 The User:</p> <p>12.2.1 acknowledges that the Intellectual Property subsisting in the PCNS is the exclusive property of the BHF. The User further acknowledges that the Intellectual Property subsisting in the PCNS is a commercial asset of considerable value to the BHF; shall not in any manner or respect create the representation that it has any rights or title to the Intellectual Property subsisting in the PCNS, except as provided for in this Agreement;</p> <p>12.2.2 shall, under no circumstances, use or apply for registration of any intellectual property which could conflict with the BHF's Intellectual Property subsisting in the PCNS.</p> <p>12.3 To the extent that the User makes and/or suggest any improvements and/or developments to the PCNS, the rights in and to such improvements and/or developments shall exclusively vest in the BHF. In this respect, the User hereby cedes and assigns all such rights it may have in any such improvements and/or development to the BHF.</p>
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