



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: Dental Laboratory

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 the owner(s) 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 Closed Corporation (cc), Propriety Limited Pty (LTD), Incorporation Company or Non for Profit Organisation registration certificate from the Registrar of Companies (where applicable).**
- **Certified copy of the Laboratory registration certificate from the Dental Technicians Council of South Africa.**
- **Certified copy of proof from the Dental Technicians Council of South Africa 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

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

OWNERS DETAILS

Title _____ Initials _____ First Names _____ Surname _____
ID Number _____ Council Number _____

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

Company Name _____
Effective start date of practice _____ Vat Number _____
Discipline _____ Sub-Discipline (if applicable) _____

Proprietary Limited	Yes	No		Yes	No	Company registration (if applicable)
Closed Corporation	Yes	No		Yes	No	
Incorporated Company	Yes	No		Yes	No	

Practice Postal Address _____

Code _____ Province _____
Telephone Number (_____) _____
Facsimile Number (_____) _____

Practice Physical Address _____

Code _____ Province _____
Cell Number (_____) _____
E-mail Address _____

EDI DETAILS
(Only applicable where claims for reimbursement are submitted electronically)

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

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

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														
Initial & Surname										Authorised Signature														
Bank account particulars certified as correct										<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; text-align: center;">YES</td> <td style="width: 15%; text-align: center;">NO</td> <td style="width: 40%; text-align: center;">Name and Signature of Bank Official</td> <td style="width: 30%; text-align: center;">BANK STAMP</td> </tr> </table>											YES	NO	Name and Signature of Bank Official	BANK STAMP
YES	NO	Name and Signature of Bank Official	BANK STAMP																					

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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.

SIGNATURE OF APPLICANT

DATE

FULL NAME AND SURNAME OF SIGNATORY

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)

	TERMS AND CONDITIONS FOR USE OF A PRACTICE NUMBER	2.13	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.	8.5 8.6 8.7 8.8 8.9 8.10 8.11	third party is duly authorised by the User to use the User's Practice Number for the purposes as set out in clause 5; not to allow any fraudulent use of the User's Practice Number; to immediately notify the BHF of any unauthorized use of the User's Practice Number; to immediately notify the BHF of any security breach of the User's profile on the PCNS; to supervise and control the use of the Practice Number in accordance with the terms of this Agreement; to make use of the necessary communications equipment required for accessing the PCNS; 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.
1.	PARTIES				
1.1	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				
1.2	The User as defined below; each sometimes referred to as a Party and collectively as the Parties.				
2.	INTERPRETATION	3.	INTRODUCTION		
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.	3.1	The BHF has developed the PCNS in order to facilitate the procedure in terms of which the Members make payments to Users.		
2.2	Unless inconsistent with the context, the expressions set forth below shall bear the following meanings:	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.		
2.2.1	Agreement shall mean these terms and conditions, as amended from time to time;	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.		
2.2.2	Business Day shall mean any day other than a Saturday, Sunday or public holiday in South Africa;			9.	LIMITATION OF LIABILITY
2.2.3	Commencement Date shall mean 1 April 2016;	4.	COMMENCEMENT AND DURATION		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.
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 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;	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 issues a Practice Number after the Commencement Date, this Agreement shall commence on the Signature Date.		
	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;	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.	10.	PERSONAL INFORMATION
	Fee shall mean the annual fee payable by the User for use of the Practice Number;	4.3	The User may at any time terminate this Agreement by giving the other Party written notice of termination of this Agreement.		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.
	Members shall mean medical aid scheme, as defined in the Medical Aid Schemes Act, 1998, that is a member with the BHF;	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.		
	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 or amendments thereto from time to time;	5.	USE OF THE PRACTICE NUMBER		
	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;		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.	11. 11.1 11.2	WARRANTIES
	Signature Date shall mean the date of the Party last signing this Agreement; and				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. 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.
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.	6.	FEE	12. 12.1	INTELLECTUAL PROPERTY
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.	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.		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.
2.4	Unless inconsistent with the context, an expression which denotes:	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.	12.2 12.2.1	The User: 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;
2.4.1	any one gender includes the other gender;	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.	12.2.3	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.
2.4.2	a natural person includes an artificial person and vice versa; and	6.4		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.
2.4.3	the singular includes the plural and vice versa.				
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.	7.	SUPPORT	13. 13.1	CONFIDENTIAL INFORMATION
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.	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.		The User acknowledges that the Confidential Information constitutes a valuable, special and unique asset proprietary of the BHF. The User will treat and keep all Confidential Information in confidence and as secret and the User will not, without the prior written consent of the BHF or as may be permitted in terms of any other written agreement between the Parties, directly or indirectly communicate, disclose, grant access to, sell or trade (whether in writing or orally or in any other manner) any of the Confidential Information to any third party who is not a party to this Agreement.
2.7	Where figures are referred to in numerals and in words, if there is any conflict between the two, the words shall prevail.	7.2	Support shall be given during the hours of 08h00 to 16h30 on Business Days.	13.2	The User undertakes that it will not use the Confidential Information in any manner whatsoever including, without limitation, any use with the intention or effect of depriving the BHF of any fees, consideration, profit or other remuneration that would reasonably be expected to be derived from the use of the Confidential Information, except as allowed for in this Agreement and/or with prior specific agreement and consent being obtained from the BHF in writing, and will take all steps necessary to procure that its employees, professional advisors, agents and consultants comply with this provision.
2.8	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.	8.	OBLIGATION OF THE USER		The User agrees that it shall protect the Confidential Information disclosed by the BHF pursuant to the provisions of this Agreement, using the same standard of care that the User applies to safeguard its own proprietary, secret or confidential information, which shall at least be a reasonable standard of care, and that the Confidential Information shall be stored and handled in such a way as to prevent any unauthorised disclosure thereof. The User shall immediately inform the BHF if the User becomes aware of any unauthorised disclosure of the Confidential Information, and shall take all reasonable steps to minimize the damage
2.9	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>eadem generis</i> rule shall not be applied in the interpretation of such general wording or such specific example or examples.	8.1	The User undertakes: to use the Practice Number in accordance with the provisions of this Agreement, the BHF's codes of conduct ^{1,2,3} and policies relating to the use of the PCNS and/or Practice Number;		
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.	8.2	to use the Practice Number exclusively for such purposes as set out in clause 5;		
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.	8.3	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;		
2.12	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.	8.4	not to allow any third party who does not have a Practice Number to log onto the PCNS with the User's login details ^{1,4} and/or to use the PCNS on behalf of the User, unless such		

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13.5	caused by such unauthorised disclosure and/or further disclosure of the Confidential Information.	hereunder during the period that such Force Majeure continues (excluding payment obligations for materials purchased) but only to the extent so prevented and shall not be liable for any delay or failure in the performance of any obligations hereunder or loss or damage which the other Party may suffer due to or resulting from the Force Majeure, provided always that a written notice shall be promptly given of any such inability by the affected Party. Any Party invoking Force Majeure shall upon termination of such Force Majeure give prompt written notice thereof to the other Parties. Should Force Majeure continue for a period of more than 90 (ninety) days, then either Party shall be entitled forthwith to cancel this Agreement.	18.	DISPUTE RESOLUTION	If a dispute between the Parties arises out of or is related to this Agreement, the Parties shall meet and negotiate in good faith to attempt to resolve the dispute, failing which the either Party shall be entitled to institute any proceedings against the other Party in any court of competent jurisdiction.
13.5.1	The User undertakes not to: copy, reproduce or adapt the Confidential Information in any manner or form;				
13.5.2	develop anything similar to the Confidential Information; and/or				
13.5.3	register any intellectual property that pertains to or is based on the Confidential Information or anything similar thereto				
13.6	The obligations of the User pursuant to the provisions of this Agreement shall not apply to any information that:				
13.6.1	is disclosed by the User to satisfy an order of a court of competent jurisdiction or to comply with the provisions of any law or regulation in force from time to time; provided that in these circumstances, the User shall advise the BHF to take whatever steps it deems necessary to protect its interests in this regard provided further that the User will disclose only that portion of the information which it is legally required to disclose and the User will endeavour to protect the confidentiality of such information to the widest extent possible in the circumstances; and	16.	CESSION AND DELEGATION	19.	MUTUAL SUPPORT
13.6.2	is disclosed to a third party pursuant to the prior written consent of the BHF;	16.1	The User shall not without the prior written consent of the BHF, which may not be unreasonably withheld cede, delegate, transfer, alienate, hypothecate or otherwise dispose of any of its rights or obligations under this Agreement.	20.	AUTHORITY
14.	BREACH AND TERMINATION	16.2	The BHF shall at all times be entitled to sell, cede, assign, make over unto or in favour of any person all its rights, title and interest in and to this Agreement but not its obligations hereunder.	21.	GOVERNING LAW
14.1	Should any Party (the Defaulting Party) commit a breach, other than a material breach, of any of the provisions of this Agreement, then any other Party (the Aggrieved Party) shall be entitled to require the Defaulting Party to remedy the breach within 5 (five) Business Days, or any other reasonable time, of delivery of a written notice requiring it to do so. If the Defaulting Party fails to remedy the breach within the period specified in such notice the Aggrieved Party shall be entitled to claim immediate payment and/or performance by the Defaulting Party of all of the Defaulting Party's obligations. The foregoing is without prejudice to such other rights as the Aggrieved Party may have at law. The BHF may immediately terminate this Agreement at any time by giving written notice of such termination to the User if:	17.	ADDRESSES	22.	COSTS
14.2	the User is, other than for the purposes of reconstruction or amalgamation, placed under voluntary or compulsory liquidation/sequestration (whether provisional or final) or under business rescue or under receivership or under the equivalent of any of the foregoing;	17.1	Each Party chooses the addresses set out opposite its name below as its addresses to which all notices and other communications must be delivered for the purposes of this Agreement and its <i>domicilium citandi et executandi</i> (Domicilium) at which all documents in legal proceedings in connection with this Agreement must be served.	23.	GENERAL
14.2.1	a final and unappealable judgement against the User remains unsatisfied for a period of 10 (ten) Business Days or more after it comes to the notice of the User;	The BHF	Domicilium and Postal address Lower Ground Floor South Tower 160 Jan Smut -Cnr. Tyrwhitt Ave Rosebank 2096	23.1	This document contains the entire agreement between the Parties in regard to the subject matter hereof.
14.2.2	the User makes any arrangement or composition with its creditors generally or ceases to carry on business;	Contact No:	011 537 0200	23.2	No Party shall be bound by or have any claim or right of action arising from any express or implied term, undertaking, representation, warranty, promise or the like not included or recorded in this document whether it induced the contract and/or whether it was negligent or not.
14.2.3	ceases to render medical services and/or becomes unauthorized to, or disqualified from providing medical services.	Email	clientservices@bhfglobal.com	23.3	No variation, amendment or consensual cancellation of this Agreement or any provision or term hereof and no settlement of any disputes arising under this Agreement and no extension of time, waiver or relaxation or suspension of any of the provisions or terms of this Agreement shall be binding or have any force and effect unless reduced to writing and signed by or on behalf of the Parties. Any such extension, waiver or relaxation or suspension which is so given or made shall be construed as relating strictly to the matter in respect whereof it was made or given.
14.2.4	Any termination of this Agreement pursuant to the provisions of clause 14.2 shall be without prejudice to any claim which a Party may have in respect of any prior breach of the terms and conditions of this Agreement by the other Party.	The User	As recorded in the PCNS.	23.4	No extension of time or waiver or relaxation of any of the provisions or terms of this Agreement shall operate as an estoppel against any Party in respect of its rights under this Agreement.
15.	FORCE MAJEURE	17.2	Any notice or communication required or permitted to be given to a Party pursuant to the provisions of this Agreement shall be valid and effective only if in writing and sent to a Party's chosen address, telefax number or e-mail address in accordance with the provisions of clause 17.6, provided that documents in legal proceedings in connection with this Agreement may only be served at a Party's Domicilium.	23.5	No failure by any Party to enforce any provision of this Agreement shall constitute a waiver of such provision or affect in any way such Party's right to require the performance of such provision at any time in the future, nor shall a waiver of a subsequent breach nullify the effectiveness of the provision itself.
	In the event of any act of God, strike, war, warlike operation, rebellion, riot, civil commotion, lockout, combination of workmen, interference of trade unions, suspension of labour, fire, accident, unavailability, failure or suspension of services provided by third parties, or (without regard to the foregoing enumeration) of any circumstances arising or action taken beyond or outside the reasonable control of the Parties hereto preventing them or any of them from the performance of any obligation hereunder (any such event hereinafter called Force Majeure) then the Party affected by such Force Majeure shall be relieved of its obligations	17.3	Any Party may by written notice to the other Party, change its chosen address, telefax number or e-mail address, provided that:	23.6	Except as provided for under this Agreement, no Party shall cede any of its rights or delegate any of its obligations under this Agreement without the prior written consent of the other Parties.
		17.3.1	the change shall become effective on the 10th (tenth) Business Day after the receipt or deemed receipt of the notice by the addressee in accordance with the provisions of clause 17.4, and any change in a Party's Domicilium shall only be to an address in South Africa, which is not a post office box or a poste restante.	23.7	If any clause or term of this Agreement should be invalid, unenforceable, defective or illegal for any reason whatsoever, then the Parties shall negotiate in good faith to replace such clause with a clause which is valid, enforceable and legal but maintaining the essential provisions of that clause to the extent possible, provided that if the Parties should fail to reach agreement on such replacement clause, then the remaining terms and provisions of this Agreement shall be deemed to be severable therefrom and shall continue in full force and effect unless such invalidity, unenforceability, defect or illegality goes to the root of this Agreement.
		17.3.2	Any notice to a Party contained in a correctly addressed envelope; and		
		17.4	sent by prepaid registered post to it at its chosen address in clause 17.1; or		
		17.4.1	delivered by hand to a responsible person during ordinary business hours at its chosen address in clause 17.1;		
		17.4.2	shall be deemed to have been received in the case of clause 17.4.1 on the fifth Business Day after posting (unless the contrary is proved) and, in the case of clause 17.4.2 on the day of delivery.		
		17.5	Any notice by telefax or e-mail to a Party at its telefax number or e-mail address shall be deemed, unless the contrary is proved, to have been received on the first Business Day after the date of transmission.		
		17.6	Notwithstanding anything to the contrary contained in this clause 0, a written notice or communication actually received by a Party shall be an adequate written notice or communication to it notwithstanding that it was not sent to or delivered at its chosen address, telefax number or e-mail address as set out in clause 17.1.		

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).