



**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  
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## Bank Debit Order Instruction

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 fax to 086-607-3988 or e-mail [SenzoB@bhfglobal.com](mailto: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

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).

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 28<sup>th</sup>**

**March 31<sup>st</sup>**

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 I/We understand that I/we shall not be entitled to refunds of amounts legally owing to BHF, which BHF has withdrawn whilst this instruction was in force.

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. \_\_\_\_\_