



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

APPLICATION FOR REGISTRATION: ADVANCE LIFE SUPPORT SERVICE

BHF has contracted the South African Ambulance and Emergency Services Association (SAPAESA) to conduct the ambulance inspections in its behalf. All inspections will be carried out in accordance with the current BHF norms and standards document. A copy of the norms and standards is attached for your information and the following documentation/payment must be submitted to the BHF office before an inspection can be arranged:

- a) The completed application form requesting accreditation.
- b) An inspection fee of R3 730.00 (VAT exclusive) together with an estimated payment of R8 000.00 to cover all travelling expenses
- c) 2018 PCNS registration fee of R1 000.00 (VAT inclusive)
- d) Total amount payable R12 730.00
- e) A certified copy of the registration certificate(s) of your vehicle/s (Indicating that the vehicle is registered as an ambulance).
- f) Certified copies of the ID documents and HPCSA certificates of your staff.
- g) A certified copy of the South African Civil Aviation Authority certificate, only applicable to Air Rescue Services.
- h) A certified copy of the approval letter from the Health Professions Council of South Africa, applicable to Air rescue services owned by corporates.
- i) Banking details verification form, for schemes to reimburse into bank account.
- j) Proof that HPCSA fees are up to date for all the staff members.
- k) Driver's licences and PDPs for the all staff members.
- l) Company registration documents
- m) Certified copies of the owners' ID
- n) Manager documents confirming AEA qualification
- o) Signed SLA Letter from Doctor

Please note that the amounts specified in b and c above must be paid to BHF prior to the inspection being undertaken. Final invoices will be issued for the inspection fee and actual travel costs. **In the event of a re-fund, the amount will be paid into the same account as given on the banking details verification form.**

The inspection and PCNS registration fees may be paid by cheque or direct deposit into the PCNS bank account

BANK:	NEDBANK
BRANCH NAME:	ROSEBANK
BRANCH CODE:	197705 (add 00 – if paying from STANDARD BANK)
ACCOUNT NAME:	PCNS
ACCOUNT NUMBER:	1958 518 530

(PLEASE USE YOUR AMBULANCE NAME AS A REFERENCE)

For security reasons, "Cash Payments are no longer accepted on the premises". Please attach a copy of the deposit slip to the application form.

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).

Once the above payment and documentation has been received by BHF, the authorised agent will conduct an inspection without prior notification.

Unless specifically requested and justified, an inspector from a Province other than that in which the services are registered, will inspect your vehicle.

Should you require any further assistance please do not hesitate to contact the Client Services Department on telephone number 0861 302 010.

NB. All completed applications must be posted:

**P O Box 2324
Parklands
2121**

Yours faithfully

Application Specialist: PCNS Department