



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

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	<input style="width: 100%;" type="text"/>							
Name of Bank	<input style="width: 100%;" type="text"/>							
Name of Branch	<input style="width: 100%;" type="text"/>							
Account Name	<input style="width: 100%;" type="text"/>							
Branch Code	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Account Number	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Type of Account	<input type="checkbox"/> Current		<input type="checkbox"/> Savings		<input type="checkbox"/> Transmission		<input type="text"/>	
New Account	<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="text"/>			
If yes, state date on which account became effective (dd/mm/yyyy)								
<i>D</i>	<i>D</i>	<i>M</i>	<i>M</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<input style="width: 50px;" type="text"/>
Provider's Initials & Surname					Authorised Signature			
Bank account particulars certified as correct		Name of Bank Official			Signature Of Bank Official			
YES	NO							
BANK STAMP								

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).