



**BOARD of
HEALTHCARE
FUNDERS
of SOUTHERN AFRICA**
(Association Incorporated
under Section 21
Registration number
2001/003387/08)

37 Bath Avenue
Rosebank 2196
PO Box 2324
Parklands 2121
Johannesburg
South Africa

Tel: +27 11 537-0200
Fax: +27 11 880-5959 / 086 607 3703
e.mail: clientservices@bhfglobal.com
Client Services: 0861 30 20 10
www.bhfglobal.com

BANK DEBIT ORDER INSTRUCTION

Please complete and fax to 086-607-3988 or e-mail eunicag@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: _____

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.

DIRECTORS

Executive

ZH Zokufa (Managing)

Non-Executive

CM Mini (Chairman)

TEG Borrill (Deputy Chairman)

GR Anderson

E Chitekeda (Zimbabwe)

BM Dick TW Magwaza

M Mahlaba L Mc Donald

G U Mbapaha (Namibia)

A Meyer GS Newton

MNS Ramokgopa

RRT Tatedi (Botswana)

JJ Pretorius

SJ Velzeboer (Australia)

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

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I/We hereby request and authorise BHF to debit my/our account with the annual fee on either of the following (please select applicable date):

February: 15 / 28; **March:** 15 / 31

This authority may be cancelled by means of giving you 30 days notice in writing, sent by prepaid registered post. I/We understand that I/we shall not be entitled to refunds of amounts, which you have withdrawn whilst this authority was in force while such amounts were legally owing to you.

I/We acknowledge that the party 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 contract/authority to any third party prior to written consent of the authorised party.

Signed at: _____ on this _____ day of _____ 20_____.

SIGNATURE AS USED FOR SIGNING MY/OUR CHEQUES ON THE LINE BELOW:

DIRECTORS

Executive

ZH Zokufa (Managing)

Non-Executive

CM Mini (Chairman)

TEG Borrill (Deputy Chairman)

GR Anderson

E Chitekedza (Zimbabwe)

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