

Practice Code Numbering System Information Update Form

DETAILS

Practice number: _____

Practice name: _____

Postal address: _____

Town: _____ **Postal code:** _____

Province: _____

Physical address: _____

Town: _____ **Postal code:** _____

Province: _____

BANKING DETAILS

To update your banking details, please post via registered mail, one of the following documents:

- ✓ An original cancelled cheque
or
✓ An original letter from the bank confirming your banking details

Telephone number: (_____) _____

Cell number: (_____) _____

Fax number: (_____) _____

Emergency: (_____) _____

Email address: _____

DIRECTORS

Executive

ZH Zokufa (Managing)

Non-Executive

CM Mini (Chairman)

TEG Borrill (Deputy

Chairman)

B Brooks

MT Chaora (Zimbabwe)

S Cooper LM Deacon

BM Dick MA du Bois

KA Ebineng (Botswana)

GC Grobler (Namibia)

BL Khan AMA Lawal

SR Maasch

GU Mbapaha (Namibia)

B Nkosi N Parker

M Ramokgopa AO Rijnen

HC Schäfer (Namibia)

SW van der Merwe

EW Vermaak CP Wells

Board of Healthcare Funders of Southern Africa

(Association Incorporated under Section 21 Registration number 2001/003387/08)

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Declaration

I, the undersigned, hereby declare that the above information is valid and correct and duly authorise the PCNS Division of the Board of Healthcare Funders of Southern Africa (BHF) to disseminate this information to participants in the system for reimbursement purposes only.

SIGNATURE OF APPLICANT

DATE

FULL NAME AND SURNAME OF SIGNATORY

DIRECTORS

Executive

ZH Zokufa (Managing)

Non-Executive

CM Mini (Chairman)

TEG Borrill (Deputy

Chairman)

B Brooks

MT Chaora (Zimbabwe)

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