



# PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 February 2025

## PCNS BACKDATE FORM

The completed update form can be sent to [pcns\\_admin@bhfglobal.com](mailto:pcns_admin@bhfglobal.com)

Date: \_\_\_\_\_

Practice Number: \_\_\_\_\_

Practice Name: \_\_\_\_\_

I \_\_\_\_\_ would like to request that PCNS backdates the effective date of m Practice Code Number effective from (date) \_\_\_\_\_

***Please note that the backdate effective date cannot exceed 3 (three) months or any council registration.***

*NB: Digital signatures are not acceptable and may delay the processing of your request.*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FULL NAME AND SURNAME OF APPLICANT