



PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 February 2025

PCNS PARTNERSHIP BACKDATE FORM

The completed update form can be sent to pcns_admin@bhfglobal.com

Date: _____

Practice Number: _____

Practice Name: _____

We would like to request that PCNS backdates the effective date of our 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.

The signature for 2 or more partners (*at least 1 signature being one of the naming partner(s)*) linked to this application is required unless the application is for a Solus INC then only 1 signature is required.

Full name and surname of partner: _____	Signature: _____	Date: _____
Full name and surname of partner: _____	Signature: _____	Date: _____
Full name and surname of partner: _____	Signature: _____	Date: _____
Full name and surname of partner: _____	Signature: _____	Date: _____

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Company Registration No. 2001/003387/08