



# PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 January 2025

## PCNS PARTNERSHIP LINK/DELINK REQUEST FORM

Date \_\_\_\_\_

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

We, the undersigned, hereby request the linking and or de-linking of the below practice number(s)

*The signature for 2 or more existing partners (at least 1 signature being one of the naming partner(s)) linked to the group practice is required.*

Full name and surname of existing partner:

Signature

\_\_\_\_\_

Full name and surname of existing partner:

Signature:

\_\_\_\_\_

### PRACTICE NUMBERS TO BE LINKED

*Each new partner is required to sign the below*

Full name and surname of new partner:

Practice Number:

Signature to be linked:

\_\_\_\_\_

Full name and surname of new partner:

Practice Number:

Signature to be linked:

\_\_\_\_\_

Full name and surname of new partner:

Practice Number:

Signature to be linked:

\_\_\_\_\_

### PRACTICE NUMBERS TO BE DE-LINKED

*Each partner exiting the group is required to sign below*

Full name and surname of new partner:

Practice Number:

Signature to be de-linked:

\_\_\_\_\_

Full name and surname of new partner:

Practice Number:

Signature to be de-linked:

\_\_\_\_\_

Full name and surname of new partner:

Practice Number:

Signature to be de-linked:

\_\_\_\_\_

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Company Registration No. 2001/003387/08