

## Partnership Bank Debit Order Instruction

**We recommend that you complete the form in BLOCK letters only OR/ type to complete. Unclear handwriting may delay the processing of your application for a PCN and lead to errors in the information captured**

Please be advised that there is an annual practice code number renewal fee payable before the 31<sup>st</sup> of March each year. Should you wish to activate a debit order instruction for the practice number renewal fee, please complete and authorise the below section. **Incomplete debit order information will not be accepted.**

### **Bank details for debit order transaction purposes only**

The details of my/our account are as follows:

<b>Practice Name:</b>	
<b>Practice Number:</b>	
<b>Bank Name:</b>	
<b>Account Holder Name:</b>	
<b>Account Number:</b>	
<b>Account Type:</b>	

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

**February 28<sup>th</sup>**

**March 31<sup>st</sup>**

This instruction may be cancelled by means of giving BHF 30 days' notice in writing, sent via registered post to the BHF offices. I/We understand that I/we shall not be entitled to refunds of amounts legally owing to BHF, which BHF has withdrawn whilst this instruction was in force.

I/We acknowledge that BHF 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 instruction to any third party before the written consent of the authorised party.

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

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

_____ <small>Authorised Bank Account Holder initials and Surname/s</small>	_____ <small>Authorised Bank Account Holders Signature/s</small>
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The signature for 2 or more partners linked to this application is required unless the application is for a Solus INC then only 1 signature is required.

<b>Full name and surname of partner:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____
<b>Full name and surname of partner:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____
<b>Full name and surname of partner:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____
<b>Full name and surname of partner:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____



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