



PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 April 2026

PCNS BACKDATE FORM

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

Date: _____

Practice Number: _____

Practice Name: _____

I _____ would like to request that PCNS backdate the effective date of my/our Practice Code Number effective from (date) _____

Please state the reason for the backdate request: _____

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