



# PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 April 2026

## PCNS PARTNERSHIP BACKDATE FORM

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

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

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

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

We would like to request that PCNS backdate the effective date of 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.*

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: _____

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Company Registration No. 2001/003387/08