



PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 April 2026

PRACTICE NUMBER SUSPENSION REQUEST

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

Date: _____

Practice Number: _____

Practice Name: _____

We the undersigned request that PCNS suspend our Practice Code Number effective from:

Please note that the suspension effective date cannot exceed 30 (thirty) days from the date of submission. Furthermore, suspensions cannot be backdated.

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

The signatures of two or more partners linked to this application are required below; unless the application is for Solus Inc., then only one signature is required.

Full name and surname of partner: _____	Signature: _____	Individual Practice Number: _____	Date: _____
Full name and surname of partner: _____	Signature: _____	Individual Practice Number: _____	Date: _____
Full name and surname of partner: _____	Signature: _____	Individual Practice Number: _____	Date: _____
Full name and surname of partner: _____	Signature: _____	Individual Practice Number: _____	Date: _____

T 087 210 0500 | Lower Ground Floor, South Tower, 1Sixty Jan Smuts, Rosebank, 2196 | P O Box 2863, Saxonwold, 2131

Company Registration No. 2001/003387/08