



# B·H·F

PRACTICE CODE  
NUMBERING SYSTEM

Board of Healthcare Funders of Southern Africa  
Non-Profit Company Registration No. 2001/003387/08

Lower Ground Floor, South Tower, 1Sixty Jan Smuts,  
Jan Smuts Ave, cnr Tyrwhitt Ave, Rosebank, 2196  
P O Box 2863, Saxonwold 2132, South Africa  
Client Services: 0861 30 20 10 | Fax: 086 607 3703  
Tel: +27 11 537 0200 | Fax: +27 11 880 5959  
e-mail: clientservices@bhfglobal.com | web: www.bhfglobal.com

<b>Account Name:</b>	<b>DR CNC DUBAZANE INC</b>		
<b>ACCOUNT OPEN</b>	<b>Date Generated:</b>	<b>3/18/2020 10:08:54 AM</b>	
<b>Practice No:</b>	<b>9990540000883573</b>	<b>Discipline:</b>	<b>GENERAL DENTAL PRACTICE</b>
<b>Registration Date:</b>	<b>2020/03/13</b>	<b>Effective Date:</b>	<b>2020/03/13</b>

<b>Personal Details</b>	<b>Title:</b>		<b>Surname:</b>	
	<b>Initial:</b>		<b>First Name:</b>	
	<b>ID/Passport No:</b>	7202120403089	<b>Date of Birth:</b>	
	<b>Council No:</b>	DP0075949	<b>Gender:</b>	
	<b>Postal Address</b>			
	<b>Address line 1:</b>	P O BOX 4051	<b>Suburb:</b>	-
	<b>Address line 2:</b>		<b>Town/City:</b>	RIVONIA
	<b>Address line 3:</b>		<b>Province / Country:</b>	SOUTH AFRICA
			<b>Code:</b>	2128
	<b>Contact Detail</b>			
	<b>Telephone:</b>	011-568-3457	<b>E-mail:</b>	drcncdubazaneinc@listerclinic.com
	<b>Cell No:</b>	073 419 8128	<b>Preferred Communication:</b>	E-Mail
<b>Fax:</b>				

<b>Practice Details</b>	<b>JOHANNESBURG-4TH FLOOR</b>			
	<b>Address line 1:</b>	4TH FLOOR	<b>Suburb:</b>	
	<b>Address line 2:</b>	LISTER MEDICAL CENTRE	<b>Town/City:</b>	JOHANNESBURG
	<b>Address line 3:</b>	195 RAHIMA MOOSA STR	<b>Province/Country:</b>	GAUTENG
			<b>Code:</b>	2001
	<b>Contact No:</b>	011-568-3457	<b>Dispensing No:</b>	
	<b>Email:</b>	drcncdubazaneinc@listerclinic.com	<b>Effective date of dispensing licence:</b>	

<b>Banking Details</b>	<b>DR CNC DUBAZANE INC</b>	
	<b>Bank:</b>	FIRST NATIONAL BANK
	<b>Bank Branch:</b>	UNIVERSAL BRANCH
	<b>Branch Code:</b>	250655
	<b>Account No:</b>	62841779468
	<b>Account Type:</b>	CURRENT
	<b>Payment Method:</b>	
	<b>Debit Order Date:</b>	

SERVING MEDICAL SCHEME MEMBERS



DIRECTORS Executive: JK Mothudi (Managing Director), Non-Executive: AK Mifa Hamdulay (Chairperson) • A Fourie-van Zyl (Deputy Chairperson) • MR Bayley • M Dlamini (Swaziland) • G Goolab • JH Joubert • NJ Khaue • M Mahlaba • AV Memela • HL Nhlapo • N Nyathi • C Raftopoulos • SN Sanyanga (Zimbabwe) • HC Schafer (Namibia) • CG Schmidt • H Stephens • MC Wilson • S Martinus • T Makoetlane (Lesotho)



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EDI Van	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	GOODX
Co. Reg No	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	2020/051247/21
VAT No	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Tax No	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	<b>I DECLARE THAT THERE IS NO TAX NUMBER</b>
I THE UNDERSIGNED, HEREBY DECLARE THAT THE ABOVE INFORMATION IS VALID AND CORRECT AND DULY AUTHORISE PCNS TO DISSEMINATE THE ABOVE INFORMATION TO PARTICIPANTS OF THE SYSTEM FOR REIMBURSEMENT PURPOSES, GEO-MAPPING AS WELL AS SHARING THE DETAILS WITH STATUTORY BODIES AND OTHER ORGANISATIONS WITHIN THE HEALTHCARE ARENA.					

Partnership	Partner	Account Name	Council No	Registration Date	Personal Practice No	Dispensing License	Join Date	Effective Date
	1	DR CEBILE DUBAZANE	DP0075949	13/03/2020	0540000487953		13/03/2020	13/03/2020

Sub Discipline	No Sub Discipline Details Available
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NAME \_\_\_\_\_ DESIGNATION \_\_\_\_\_  
 ID / PASSPORT \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

SERVING MEDICAL SCHEME MEMBERS



DIRECTORS Executive: JK Mothudi (Managing Director), Non-Executive: AK Mifa Hamdulay (Chairperson) • A Fourie-van Zyl (Deputy Chairperson) • MR Bayley • M Dlamini (Swaziland) • G Goolab • JH Joubert • NJ Khauoe • M Mahlaba • AV Memela • HL Nhlapo • N Nyathi • C Raftopoulos • SN Sanyanga (Zimbabwe) • HC Schafer (Namibia) • CG Schmidt • H Stephens • MC Wilson • S Martinus • T Makoetiane (Lesotho)



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Please complete this form for any changes or amendments

<b>Personal Details</b>	<b>Title:</b>	<b>Surname:</b>
	<b>Initial:</b>	<b>First Name:</b>
	<b>ID/Passport No:</b>	<b>Date of Birth:</b>
	<b>Council No:</b>	<b>Gender:</b>
	<b>Postal Address</b>	
	<b>Address line 1:</b>	<b>Suburb:</b>
	<b>Address line 2:</b>	<b>Town/City:</b>
	<b>Address line 3:</b>	<b>Province / Country:</b>
		<b>Code:</b>
	<b>Contact Detail</b>	
	<b>Telephone:</b>	<b>E-mail:</b>
	<b>Cell No:</b>	<b>Preferred Communication:</b>
	<b>Fax:</b>	

<b>Practice Details</b>		
	<b>Address line 1:</b>	<b>Suburb:</b>
	<b>Address line 2:</b>	<b>Town/City:</b>
	<b>Address line 3:</b>	<b>Province/Country:</b>
		<b>Code:</b>
	<b>Contact No:</b>	<b>Dispensing No:</b>
		<b>Dispensing Date:</b>

<b>Bank Details</b>	<b>Account Name</b>	
	<b>Bank:</b>	
	<b>Bank Branch:</b>	
	<b>Branch Code:</b>	
	<b>Account No:</b>	
	<b>Account Type:</b>	
	<b>Payment Method:</b>	
	<b>Debit Order Date:</b>	
* Please note that original verified banking details must be posted or hand delivered to the BHF offices		

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<b>EDI Van</b>	Yes		No	
<b>Co. Reg No</b>	Yes		No	
<b>VAT No</b>	Yes		No	
<b>Tax No</b>	Yes		No	

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<b>Partnership</b>	<b>Part No</b>	<b>Title</b>	<b>Surname</b>	<b>Initials</b>	<b>ID/Passport No</b>	<b>Council No</b>	<b>Registration Date</b>	<b>Discipline No</b>	<b>Personal Practice No</b>

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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