

Account Name:	MISS NOMPUMELELO MATISO		
ACCOUNT OPEN	Date Generated:	2021/02/25 18:31	
Practice No:	9990810000765066	Discipline:	REGISTERED COUNSELLORS
Registration Date:	2018/09/26	Effective Date:	2018/09/26


Personal Details	Title:	MISS	Surname:	MATISO
	Initial:	N P	First Name:	NOMPUMELELO
	ID/Passport No:	9410160162089	Date of Birth:	1994/10/16
	Council No:	PRC0033472	Gender:	FEMALE
	Postal Address			
	Address line 1:	17315 CHILLI STREET	Suburb:	TUBELISHA TSAKANE EXT 8
	Address line 2:		Town/City:	BRAKPAN
	Address line 3:		Province / Country:	SOUTH AFRICA
			Code:	1550
	Contact Detail			
	Telephone:	073-146-2313	E-mail:	nompumelelomatiso@gmail.com
	Cell No:	073 146 2313	Preferred Communication: E-Mail	
Fax:				


Practice Details	BRAKPAN-21538 TSAKANE STREET			
	Address line 1:	21538 TSAKANE STREET	Suburb:	TSAKANE SQUARE
	Address line 2:		Town/City:	BRAKPAN
	Address line 3:		Province/Country:	GAUTENG
			Code:	1550
	Contact No:	073-146-2313	Dispensing No:	
	Email:	nompumelelomatiso@gmail.com	Effective date of dispensing licence:	


Banking Details	N P MATISO T/A PSYCHE IN TOUCH	
	Bank:	FIRST NATIONAL BANK
	Bank Branch:	UNIVERSAL BRANCH
	Branch Code:	250655
	Account No:	62857125522
	Account Type:	CURRENT
	Payment Method:	Debit
	Debit Order Date:	15 March

EDI Van	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Co. Reg No	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
VAT No	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
Tax No	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	I DECLARE THAT THERE IS NO TAX NUMBER
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	No Partnership Details Available				
Sub Discipline	No Sub Discipline Details Available				

NAME _____ DESIGNATION _____
 ID / PASSPORT _____ DATE _____
 SIGNATURE _____

 Lower Ground Floor, South Tower
1Sixty Jan Smuts, Rosebank, 2196

 P O Box 2863, Saxonwold, 2132
bhf@bhfglobal.com

 T +27 11 537-0200
F +27 11 880-8798

DIRECTORS NJ Khaueo (Chairperson) • HL Nhlapo (Deputy Chairperson) • JK Mothudi (Managing Director) • MR Bayley • LR Callakoppen • ME Dlamini (eSwatini) • JH Joubert • TB Makoetlane (Lesotho) • S Martinus • AK Mia Hamdulay • CM Mokgosana (Botswana) • BOS Moloabi • N Nyathi • C Raftopoulos • SN Sanyanga • HC Schäfer (Namibia) • H. Stephens • MC Wilson

Please complete this form for any changes or amendments

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


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


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


EDI Van	Yes		No		
Co. Reg No	Yes		No		
VAT No	Yes		No		
Tax No	Yes		No		
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Partnership	Part No	Title	Surname	Initials	ID/Passport No	Council No	Registration Date	Discipline No	Personal Practice No	

Name: _____ Date: _____ Signature: _____

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