



B·H·F
BOARD OF HEALTHCARE FUNDERS

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

Lower Ground Floor, South Tower,
1Sixty Jan Smuts, Jan Smuts Ave, cnr Tyrwhitt Ave, Rosebank, 2196
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BOARD OF HEALTHCARE FUNDERS MEMBER APPLICATION FORM:

Medical Scheme Administrator

Name of Medical Scheme: _____

Principal Officer (Full names): _____

Physical address of Medical Aid Scheme: _____

Postal address of Medical Aid Scheme: _____

E-mail address: _____

Telephone: _____ () _____

Fax: _____ () _____

Company Registration Number (for billing purposes): _____

Company Vat Number (for billing purposes): _____

NEW MEMBERS

Date from which you wish to join BHF as member _____

Number of "principal" members as at
31 December of the previous year _____

Number of lives _____

Schemes under Administration _____

SERVING MEDICAL SCHEME MEMBERS



DIRECTORS JK Mothudi (Managing Director), AK Mia Hamdulay (Chairperson) • NJ Khauoe (Deputy Chairperson) • MR Bayley • ME Dlamini (Swaziland) • A Fourie-van Zyl
JH Joubert • BOS Moloabi • TB Makoetlane (Lesotho) • S Martinus • V Mbonani • AV Memela • M Mokgosana (Botswana) • HL Nhlapo • N Nyathi • C Raftopoulos • SN Sanyanga
(Zimbabwe) • HC Schafer (Namibia) • H Stephens • MC Wilson •

TERMS & CONDITIONS

Please note that BHF members are bound by the BHF Articles of Association. Please see the attached

The fee is payable in advance on an annual basis as per board approved rates in January of each year.

In order to comply with SARS legislation, please confirm if your organisation can receive an electronic tax invoices. **Yes** or **No**

Please attach the following documents with the application form

- Membership Application Form
- Copy of the MCO latest audited financial statement
- Copy of the MCO registration documents

Agreed _____

Signature _____

Designation _____

Date _____