

Supplier Information Form

Tel: 014 590 1700 | Fax: 086 760 1244 | Postal Address: Private Bag X82081, Rustenburg, 0300

Please email this form to: suppliersrpm@platinumhealth.co.za

Platinum Health requires an update on Supplier Information to ensure correct communication, remittance advices and payments.



**PLATINUM
HEALTH**

NB: If you are a Group Practice or part of a Group Practice, please complete the Group Practice Information Form as well.
NB: PLEASE ATTACH COPIES OF THE FOLLOWING: BANK CONFIRMATION LETTER/BANK STATEMENT, BHF/PCNS FORM, ID AND PRACTICE LETTERHEAD/HPCSA Certificate. NB: All the fields below are required, please make sure all are completed before submitting.

Practice Information Section:

13th Digit Practice Number:

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Name:

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HPCSA Registration Number:

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Registered for VAT?

YES	NO
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VAT Registration Number:

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Banking Details:

Bank Name:

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Branch Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Code:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal Address:

Code:

--	--	--	--	--

Physical Address:

Code:

--	--	--	--	--

Tel:

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Fax:

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Email:

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NB: Please complete the distribution method to ensure remittances are received after payment runs.

Compiled by:

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Date:

C	C	Y	Y	M	M	D	D
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Practice Stamp