

Supplier Information Form

Tel: 014 590 1700 | Postal Address: Private Bag X82081, Rustenburg, 0300



**PLATINUM
HEALTH**

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.

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: CANCELLED CHEQUE, BHF/PCNS FORM, ID AND PRACTICE LETTERHEAD.
NB: All the fields below are required, please make sure all are completed before submitting.

Practice Information Section:

13th Digit Practice Number:										
Name:										
Registered for VAT?	YES	NO								
VAT Registration Number:										
Banking Details:	Bank Name:									
	Branch Name:									
	Branch Code:									
	Account Number:									
Postal Address:										
										Code:
Physical Address:										
										Code:
Tel:										
Fax:										
Email:										

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

Compiled by:

C	C	Y	Y	M	M	D	D

Date:

Practice Stamp