



AHFoZ
Association of Healthcare Funders of Zimbabwe

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RENEWAL OF AHFoZ PAYEE NUMBERS FOR YEAR 2014

**TO: ALL REGISTERED PRIVATE HOSPITALS WITH 19-24 BEDS;
THEATRES; ACCIDENT & EMERGENCY UNITS.**

You are advised that your **AHFoZ** number expires on **31 March 2014**.

All Service providers registered with AHFoZ are reminded to renew their Payee numbers. Please complete the attached form in full and return to this office, together with photocopies of the relevant certificates and a fee of **US\$60.00**, by no later than **31 March 2014**. Failure to renew by that date will result in the cancellation of your AHFoZ Payee number as it will be assumed that the number is no longer required.

Please be advised that due to the volumes involved, it will not be feasible to send reminders.

NB: Payment can be made through our bank account, copies of the deposit slip and the renewal form should be faxed to us.

<u>BANKING DETAILS</u>	
Bank	Barclays Bank of Zimbabwe
Account Name	AHFoZ
Account No.	1035413
Branch Code	2157(Avondale)
ECONET Biller Code	43799

<u>PERSONAL DETAILS</u>			
Title	Initials	First Names	Surname
ID Number		HPA Practicing Certificate No.	Expiry Date
Dispensing License No. <i>(if applicable)</i>		Effective Date	Expiry Date
<u>PRACTICE DETAILS</u>			
AHFoZ Payee No.		Name of Practice/Institution	
HPA Premises Reg. No.		Effective Date	Expiry Date
Dispensing License No. <i>(if applicable)</i>		Effective Date	Expiry Date
<u>CONTACT DETAILS</u>			
NB: If your contact details have changed, please fill in both the previous and current sections.			
<u>CURRENT</u>			
Postal Address	_____	Physical Address	_____
	_____		_____
	_____		_____
Telephone No.	_____	Fax No.	_____
Email Address	_____	Cell phone No.	_____
Skype I.D			
<u>PROVIDER BANKING DETAILS</u>			
Bank Name	_____	Account No.	_____
Account Name	_____	Branch Code & Name	
	_____	_____	
<u>DECLARATION</u>			
I declare that the information given in this form is correct and complete.			
I have enclosed all relevant copies of certificates.			
Signature: _____		Date: _____	