



*AHFoZ*  
*Association of Healthcare Funders of Zimbabwe*

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**RENEWAL OF AHFoZ PAYEE NUMBERS FOR YEAR 2014**

**TO: ALL OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS, DIETICIANS, CLINICAL SOCIAL WORKERS, CLINICAL PSYCHOLOGISTS, HEARING AID SPECIALISTS, CHIROPRACTORS, CHIROPODISTS, ANCILLARIES, PHARMACISTS AND RADIOLOGISTS**

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\$15.00**, 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.

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

<b><u>PERSONAL DETAILS</u></b>			
Title	Initials	First Names	Surname
ID Number	HPA Practicing Certificate No.		Expiry Date
Dispensing License No. <i>(if applicable)</i>	Effective Date		Expiry Date
<b><u>PRACTICE DETAILS</u></b>			
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
<b><u>CONTACT DETAILS</u></b>			
<b><u>CURRENT</u></b>			
Postal Address	_____	Physical Address	_____
	_____		_____
	_____		_____
Telephone No.	_____	Fax No.	_____
Email Address	_____	Cell phone No.	_____
Skype I.D			
<b><u>PROVIDER BANKING DETAILS</u></b>			
Bank Name	Account No.		
_____	_____		
Account Name	Branch Code & Name		
_____	_____		
<b><u>DECLARATION</u></b>			
I declare that the information given in this form is correct and complete.			
I have enclosed all relevant copies of certificates.			
Signature: _____		Date: _____	