

REGISTRATION FORM FOR WRITTEN SUBMISSION

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This is a registration form issued pursuant to the Guidelines for Participation in the Market Inquiry into the Private Healthcare Sector. The form is to be completed by parties making written submissions.

HEALTH INQUIRY CONTACT:

Physical Address:
Competition Commission,
DTI Campus, Mulayo Block
C, 77 Meintjies
Street, Sunnyside, Pretoria,
0002

Postal Address: The
Competition Commission,
Private Bag X23, Lynwood
Ridge, Pretoria, 0040

Fax: 012 394 0166

Email:
health@compcom.co.za

Details of person making submission (PLEASE PRINT)

Name and Surname: Wayne Mann

Name of Organisation or Entity: The Unlimited Group (Pty) Limited

Contact Details: 031 716 9600 / 031 716 9600

Physical/Postal Address: Private Bag X 7028, Hillcrest 3650

Required Details

Do you wish your identity to be protected from third parties? If yes, attach motivation

Yes No

Does your submission adversely affect any other firm or individual? Please provide details of such firm or individual:

NO

Does your submission contain any confidential information?

If yes, please also file Form CC7

Yes No


Main focus of the submission:

Facilities / Practitioners / Patients / Consumables / Other Health Insurance

(Circle relevant one or specify)

Summary of the issues:

The Impact of Demarcation Regulations
on the Health Care Inquiry


Signature pp Wayne Mann

Date 30-06-2014

Office Use Only:

File No: _____

Date: _____