



**REGISTRATION FORM FOR ORAL SUBMISSION**

**Details of Person Making Submission**

Name and Surname: \_\_\_\_\_

Name of Organisation or Entity: \_\_\_\_\_

Contact Details: \_\_\_\_\_

Physical/Postal Address: \_\_\_\_\_

**HI 2**

This is a registration form made pursuant to the Administrative Guidelines for the Market Inquiry into the Private Healthcare Sector. The form is to be completed by parties who wish to make oral presentations at the public hearing.

**HEALTH INQUIRY CONTACT:**

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

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

Fax: 012 394 0166

**Summary of the Issues:**

[Empty box for Summary of the Issues]

Signature \_\_\_\_\_ Date \_\_\_\_\_

Have you submitted a written submission? Yes  No

Office Use Only: \_\_\_\_\_ File No: \_\_\_\_\_

Date: \_\_\_\_\_