



competitioncommission
south africa

Health Market Inquiry

Promoting Healthy Competition

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 must be completed by parties making written submissions.

HEALTH INQUIRY CONTACT:

Physical Address: Trevenna Campus, Block 2A, Fourth Floor, 70 Meintjies Street, Sunnyside, Pretoria, 0002

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

Email: submissions@healthinquiry.net

Contact Number: +27 (12) 762 6900

Details of person making submission (PLEASE PRINT)

Name and Surname: _____

Name of Organisation or Entity: _____

Contact Details: _____

Physical/Postal Address: _____

Required Details

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

Yes No

Does your submission contain any confidential information?

If yes, please also file Form "CC7"

Yes No

Main focus of the submission:

Facilities / Practitioners / Financers / Patients / Other

(Circle relevant one or specify)

Summary of the issues:

Signature_____

Date_____

Office Use Only:

File No:_____

Date:_____