competitioncommission south africa

Health Market Inquiry

Promoting Healthy Competition

REGISTRATION FORM FOR ORAL 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 wishing to make oral presentations at a public hearing.

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 wishing to make presentation

(PLEASE PRINT)

Name and Surname: _____

Name of Organisation or Entity:_____

Contact Details: _____

Physical/Postal Address: _____

_____

Required Details

Do you require interpretation services?

Yes ☐ No ☐

If Yes, please indicate language:

_____

Do you intend to call upon witnesses? If yes, please provide details

Yes ☐ No ☐

Indicate the estimated time required: _____

Main focus of the presentation:

Facilities / Practitioners / Financers / Patients / Other ……..

(Circle relevant one or specify)

Summary of the issues to be covered:

Please note that a written submission is a prerequisite for registering to make oral presentations and submitting this form does not guarantee that you will be allocated a slot at a public hearing.

Signature_____ Date_____

_____

Office Use Only: **File No:**_____ **Date:**_____