

**NOTICE OF APPEAL IN TERMS OF REGULATION 4A OF REGULATIONS  
RELATING TO THE CONDUCT OF INQUIRIES INTO ALLEGED  
UNPROFESSIONAL CONDUCT UNDER THE HEALTH PROFESSIONS  
ACT 56 OF 1974: AMENDMENT**

To:

Registrar

Health Professions Council of South Africa

Date:

**PLEASE DO NOT SEND ANY OTHER DOCUMENT APART FROM THIS FORM AND THE RESOLUTION LETTER THAT YOU RECEIVED FROM THE COMPLAINTS HANDLING UNIT. THE HPCSA HAS ALL THE DOCUMENTS THAT SERVED AT THE PRELIMINARY INQUIRY. THERE IS NO NEED TO FILL IN A PAIA REQUEST FORM.**

<b>PART 1: DETAILS OF COMPLAINANT (PARTY LODGING THE APPEAL)</b>
Title:
Name & Surname:
ID Number:
Telephone/ Cell Number:
Email Address:
Reference number provided for the complaint:

**PART 2: DETAILS OF PRACTITIONER**

Name and Surname:

HPCSA Registration Number:

Reference Number:

**PART 3: DETAILS OF THE CASE**

Name of Preliminary Committee of Inquiry:

Date of the meeting:

Date on which the decision was communicated:

Outcome of Preliminary Committee of Inquiry

**PART 4: DETAILS OF APPEAL**

Set out grounds/reasons upon which you are appealing against the decision of the Preliminary Committee Inquiry. Attach all submissions that you rely upon

Signature of the person lodging the appeal

**PLEASE SEND THIS NOTICE TO REGISTRAR OF THE HPCSA ON: [prelimappeals@hpcsa.co.za](mailto:prelimappeals@hpcsa.co.za)**

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*Protecting the public and guiding the professions*

President: Prof. M S Nematandani, Vice President: Dr S Sobuwa, Registrar: Dr M Masike,  
Executive Company Secretariat: Adv N Sipeka

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