



**DECLARATION OF
SHAREHOLDING FOR
APPROVAL (FORM 23A)**

553 Madiba Street
Arcadia
Pretoria
0001
Tel: (+27) 12 338 9300/01
Email: professionalpractice@hpcsa.co.za
Website: www.hpcsa.co.za

Send duly completed form to professionalpractice@hpcsa.co.za

SECTION A: DETAILS OF REGISTERED HEALTH PRACTITIONER

- 1) Name:
- 2) HPCSA Registration Number.....
- 3) Physical address:
- 4) Tel No:
- 5) Cell No:
- 6) Email address:

SECTION B: PARTICULARS OF HEALTH INSTITUTION WHERE PROSPECTIVE SHARES/FINANCIAL INTEREST IS/ARE BEING OFFERED

- 1) Name of entity
- 2) Nature of business
- 3) Physical address
- 4) Tel No.....
- 5) Contact person.....

SECTION C: SHARES AND OR FINANCIAL INTEREST DECLARATION

- 1) Number/nature of shares/financial interest being declared (circle the appropriate word)
.....
- 2) Percentage of shares/financial interest being declared of the total number of shares issued
- 3) Number/nature of shares/financial interest which you want to hold in the entity.....
- 4) Manner in which you acquired the shares/financial interest (please tick appropriate block(s)-



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a. Purchase	
b. Received by you as a founder member of the institution	
c. Acquired by you at a reduced rate	
d. Granted to you free of charge	
e. Granted to you on an understanding in regard to certain performance requirements on your part	
Other (elaborate)	

- 1) Present value of shares which you hold, if any
- 2) Period of time for which shares had been held (date).....
- 3) Your relationship or association with the undertaking other than being a shareholder
(Mark appropriate block(s): -

a. Conduct practice on the premises of the undertaking	
b. Tenant of the undertaking	
c. Landlord of the undertaking	
d. Director of the undertaking	
e. Member of the undertaking	
f. Participant in the undertaking	
g. Other (please use additional paper if necessary)	

- 4) Do you hold shares in any other health institution? If yes, state number and percentage...



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SECTION D: ETHICAL DECLARATION (indicate Yes/No)

(a) Shares/financial interest are purchased at market-related prices in arm's length transactions	
(b) Purchase transaction or ownership of shares does not impose conditions or terms upon the practitioner that will detract from the good, ethical and safe practice of his or her profession	
(c) The returns on investment or payment of dividends is not based on patient admissions or meeting particular targets in terms of servicing patients	
(d) Health practitioner declares not to over-service patients and to this	
(e) The institution has appropriate peer review mechanisms	
(f) The institution has appropriate clinical governance procedures for the treatment and servicing of his or her patients	
(g) Health practitioner declares that he/she will not participate in the advertising or promotion of such institution, or in any other activity that amounts to such advertising or promotion	
(h) Health practitioner declares not to engage in or advocate the preferential use of such health care institution	
(i) Health practitioner declares to submit annually report to the council indicating the number of patients referred by him or her or his or her associates or partners to such health care institution and the number of patients referred to other hospitals in which he or she or his or her associates or partners hold no shares.	

SECTION E: DOCUMENTS REQUIRED

- 1) Certified copy of share agreement.
- 2) Any other documents to support section D above.
- 3) Applicable document(s) relating to condition of purchase.



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SECTION F: SIGNATURES

I, the undersigned, hereby declare and certify that the information contained in this application of shareholding or financial interest is true and accurate in all respects.

Signature:

Signed at: Date:

Witness: Date: