



**REPORTING TEMPLATE  
FOR SHAREHOLDING OR  
FINANCIAL INTEREST HELD  
IN TERMS OF ETHICAL  
RULE 23A (FORM 23B)**

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

Send duly completed form to [professionalpractice@hpcsa.co.za](mailto: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 SHARES OR FINANCIAL INTERESTS ARE HELD**

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

**SECTION C: SHARES AND OR FINANCIAL INTEREST REPORTING**

- 1) Number/nature of shares/financial interest declared (circle the appropriate word)  
.....
- 2) Percentage of shares/financial interest approved of the total number of shares issued  
.....
- 3) Present value of shares which you hold, if any .....



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4) Period for which shares had been held (indicate the date)  
.....

5) 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)	

6) Number of patients referred by you or your partners to the hospital where shares are held.....

7) Number of patients referred by you or your partners to other health establishments/hospitals where you or your partners hold no shares.....

8) Indicate whether there has been any variation between last year report and current year regarding the approved number/nature of shares/financial interest you hold in the entity.....

9) Indicate how the acquisition of the financial interest/shares is funded and whether there are other ancillary contractual relationships between all the parties to the transaction or with related parties and entities and if so, the nature of such contractual relationships.....



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10) Attach the policies or peer review protocols for admission of patients into such hospital or health care institution and quality monitoring mechanisms which serve to ensure that practitioners will comply with the ethical rules of council.....

11) Do you hold shares in any other health institution? If yes, state the name, number and percentage, and date of approval by the HPCSA

.....

**SECTION D: ETHICAL DECLARATION (indicate Yes/No)**

(a) Shares/financial interest were 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 (if conducted) were not based on patient admissions or meeting particular targets in terms of servicing patients	
(d) Health practitioner did not over-service patients	
(e) The institution had appropriate peer review mechanisms	
(f) The institution had appropriate clinical governance procedures for the treatment and servicing of patients	
(g) Health practitioner declares that he/she did 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 that s\he not to engage in or advocate the preferential use of such health care institution	
(i) Health practitioner declares that the information on this form is true and correct.	



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**SECTION F: SIGNATURE**

I, ..... the undersigned, hereby declare  
and certify that the information contained in this report is true and accurate in all respects.

**Signature:** .....