

Please use block letters and return to: The Registrar, P O Box 205, Pretoria, 0001/ 533 Madiba Street, Arcadia
Pretoria, 0083, Email address: ProfessionalPractice@hpcsa.co.za

FOR OFFICE USE ONLY

Name: HPCSA Reg. No

Physical Address:

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Tel No:

Cell No:

Email Address:

Particulars of institution where you hold shares:

Name of Institution and Nature of Business

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Physical Address:

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Tel No.....

Date shareholding approved by Council.....

Percentage of Shareholding at Institution

Report for period..... to

- A. Number of patients referred by you or your partners to the hospital where shares are held.....
- B. Number of patients referred by you or your partners to other hospitals where you or your partners hold **no** shares.....

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

Signature:

Signed at: Date:

Witness: Date:

REMARKS:

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Registrar

Date

NOTE:

1. The Council reserves the right to conduct a verification exercise on the information supplied in this report.
2. The report must be submitted within 30 days of the due date.
3. Failure to submit the report may result in the revocation of the approval granted by the Council.