

SCHEDULE 1

Regulation 3

1. The full name, address, telephone number and any facsimile number of the applicant.
2. If the applicant is not an individual—
 - (a) its name;
 - (b) the address of the applicant’s principal office and registered office (if any);
 - (c) the full name and address of any person to whom the applicant wishes enquiries concerning the independent health care service to be addressed; and
 - (d) the full name, date of birth and address of every person who is, or who purports to act in the capacity of a person who is—
 - (i) where the applicant is a body corporate, a director, manager or secretary of the body corporate;
 - (ii) where the applicant is a firm, a partner in the firm; or
 - (iii) where the applicant is an unincorporated association other than a firm, concerned in the management or control of the association,and in each case whether registration of any service provided by such a person has ever been cancelled and the reasons for that cancellation.
3. All addresses of the independent health care service.
4. Specification of the type of independent health care service provided in terms of section 10F of the Act which is to be provided.
5. Proposed date for commencement of the independent health care service.