

## SCHEDULE 2

Regulation 6

1. The full name, address, phone and facsimile number (if any) of the place of work of the provider.
2. The full name of the manager.
3. All addresses of the independent health care service.
4. The type of independent health care service in terms of section 10F of the Act which is registered.
5. Details of any condition to which the registration is subject.
6. The date of registration of the independent health care service.
7. Any other information which HIS considers would assist users or prospective users of the independent health care service.