



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

WRITTEN SUBMISSION

PUBLIC HEARINGS ON NATIONAL HEALTH INSURANCE BILL

[B11-2019]

PC ON HEALTH

DATE: _____

NAME & SURNAME	
ADDRESS	
CELL NUMBER	

DETAILED SUMMARY:

Submit

The form will be submitted via your email



KwaZulu-Natal Department of Health



KZN Department of Health



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MY HEALTH, YOUR HEALTH, OUR HEALTH: A HEALTHY KWAZULU-NATAL.