Form V

APPLICATION FOR TRANSFER OF LICENCE MADE UNDER
THE HOSPITALS AND HEALTH CARE FACILITIES ACT, 1998

1. Name of Hospital or Health Care Facility .....

2. Location .....

3. Full name of current Licensee/Administrator .....

.....

4. (a) Description of transferee: ◯ Company ◯ Firm ◯ Individual

(b) If a company, state-

(i) full name of secretary .....

(ii) address of registered office .....

(c) If a firm state particulars of partners .....

.....

5. Name and address of Administrator .....

.....

I/We declare:

(i) that I/We have acquired the above Hospital/Health Care Facility;

(ii) that the particulars furnished in the application or license of the Hospital/Health Care Facility for the current year are still applicable;

(iii) that I/We will carry out all agreements to provide accommodation and care in the Hospital/Health Care Facility entered into by the transferor prior to the date of transfer; and

(iv) I/We hereby apply for License Number ..... granted to .....

to be transferred to us.

The fee of $..... granted to is enclosed. ***(Certified cheques only, please)***

_____ _____

Date Administrator