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| **Approval in Principle (AIP) Transfer a certificate checklist** |  |
| Health service establishments  OFFICIAL |  |

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| Facility name: |  |
| Facility address: |  |

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| Item | Mark with (x) when complete | If item not completed, please detail why (e.g., document not applicable) |
| Pre-AIP application submission meeting with Private Hospitals & Day Procedure Centres Unit |  |  |
| Schedule 3 – Application for variation or transfer of AIP |  |  |
| Request an invoice for prescribed fee – this will be forwarded on receipt of the application. |  |  |
| Please provide the appropriate information required for your kind of entity e.g. A, B or C |  |  |
| A. Natural person (sole trader including partnership) | | |
| Name and address details. |  |  |
| B. Company | | |
| Australian Securities and Investments Commission (ASIC) business name extract obtained in previous one month showing business name holder details |  |  |
| ASIC company extract search obtained in previous one month showing Registered company office details and listing all directors and office holders |  |  |
| If subsidiary company, a company structure chart |  |  |
| Directors / board members or office bearers form for AIP |  |  |
| C. Incorporated association or other body corporate | | |
| Registered office of the incorporated association or body corporate |  |  |
| Certificate of incorporation or other documents |  |  |
| Directors/board members or office bearers form for AIP |  |  |
| Most recent annual report or annual return |  |  |
| For each natural person (sole proprietor, partnership), director or board member/controlling office bearer include: |  |  |
| * **Statutory Declaration – Fitness and Propriety** |  |  |
| * **Details of relevant professions qualifications & CV** |  |  |
| * **Police check certificate issued within the last 12 months (original or certified copy)** |  |  |
| Statement regarding previous registration |  |  |
| Statement by accountant for AIP application |  |  |

**Send completed form:**  
Please send the completed checklist and applications by email to the Private Hospitals & Day Procedure Centres Unit at [privatehospitals@health.vic.gov.au](mailto:privatehospitals@health.vic.gov.au)

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