



# Licence Holder Financial Declaration

**Explanatory Note:** The person signing this declaration must be either the Licence Holder or the Licence Holder’s Authorised Delegate (person who has completed a Licensing and Accreditation Regulatory Unit Authorised Delegate Form).

I declare that	
	(Name of the licenced entity)

1. has sufficient material and financial resources available to comply with the requirements of the *Private Hospitals and Health Services Act 1927 (WA)*;
2. I am duly authorised to make this declaration; and
3. the information contained in this declaration is true and correct. I understand that if it is subsequently established that any information provided is not true and correct, any licence issued may be suspended or revoked.

Name:	
Position:	
Phone:	
Email:	
Signature:	
Date:	

**This document can be made available in alternative formats on request for a person with a disability.**

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