

APPLICATION FOR ASSIGNMENT OF RESIDENTIAL CARE AGREEMENT / S

Section 1: to be completed by the Current Provider (Intended Assignor)

.....(LEGAL ENTITY NAME)

being the holder of an agreement/s for the provision of Residential Services at

.....(NAME OF FACILITY)

advise that I/we intend to sell this facility.

Accordingly, I/we seek Canterbury District Health Board's approval to assignment of the following agreement/s.

Agreement Number/s:

a)

b)

c)

Where it is an Aged Residential Care agreement being assigned:

I/we have read Clauses A15.1b & A30 of the Aged Residential Care Agreement regarding transfer of records and assignments.

Signed by:.....(CURRENT PROVIDER)

Name:..... Title:.....

Contact Address:.....

.....

Business Phone:..... Home Phone:.....

Section 2: to be completed by the Purchaser (Intended Assignee)

I/We named below in (Section One) have entered a Sale and Purchase Agreement dated:.....

Under this agreement, the intended date of settlement is:.....*

*The transfer of contractual obligations and payment will occur from this date.

Section 1: Information Required for Agreement Administration

The full name of the **legal entity**, which is applying for assignment of the Residential Care contract is: (if registered with NZ Companies Office, please attach Certification of Incorporation).

.....

The legal entity is a: (please tick one option only)

- Charitable Trust
- Limited Liability Company
- Sole Trader
- Other (Please specify):.....
- Incorporated Society
- Partnership

Name of Facility:.....

Address for Contractual Correspondence:.....
.....

Contact Legal Entity Phone Number: (0__)

Contact Legal Entity Fax Number: (0__)

Contact Person/Position for Legal Entity:.....

Section 2: Information for Payments (where different from Legal Entity Information above)

Facility Street Address:.....

Address for Payment Correspondence:.....

Contact Phone Number: (0__).....

Contact Fax Number: (0__).....

Contact Person/Position at Facility:.....

Bank Account Number (please attach printed deposit slip)

GST Number:.....

Section 2A: Declaration In Support Of This Request

1. I/we..... (PURCHASER)
Confirm we are certified to provide the services, in accordance with the Health & Disability Services (Safety) Act, and attach a copy of the certificate. Alternatively, we advise that we are not certified by the MoH, but attach a letter from the MoH confirming our application to be certified.

I/we understand that CDHB permit 90 days from settlement date for the certification process to be completed. If the MoH decline certification for any reason or we do not receive certification before the 90 day period expires, we acknowledge that the CDHB may immediately terminate the contract under clause A24.1(c).
2. I/we have read and understood the relevant Canterbury District Health Board Agreement including the service specification relevant to that agreement. Particularly in relation to registered nurse input and staff ratios.
3. I/we are willing and able to meet the obligations of the provider under the Canterbury DHB Service Agreement.
4. I/we have made arrangements to replace key persons who will leave the facility as a result of the change of ownership, and enclose details with this application (see over).
5. I/we have obtained appropriate advice with respect to financing arrangements for the purchase of the facility and believe that the business will be financially viable having regard to the level of debt which will be required to be serviced..
6. I/we agree to execute the Canterbury District Health Board Deed of Assignment in respect of the transfer of the agreement/s.

Signed by:.....(PURCHASER)

Name:..... Title:.....

Contact Address:.....

.....

Phone:.....

**ATTACHMENT TO APPLICATION FOR ASSIGNMENT OF
RESIDENTIAL CARE CONTRACT**

The following key positions will be vacated as a result of the change of ownership of the facility:

1. Position:.....

Position currently occupied by:.....

I/we intend to replace this person by making the following appointment:

Name:.....

Qualifications and relevant experience

.....
.....

2. Position:.....

Position currently occupied by:.....

I/we intend to replace this person by making the following appointment:

Name:.....

Qualifications and relevant experience:.....

.....

3. Position:.....

Position currently occupied by:.....

I/we intend to replace this person by making the following appointment:

Name:.....

Qualifications and relevant experience:.....

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