



The Hospitals and Health Care Facilities Licensing Board

P.O. Box N-8333

Nassau, The Bahamas

Email: facilitiesboard@coralwave.com

Phone: (242) 326-0536

Fax: (242) 326-0537

FORM IV

APPLICATION FOR RENEWAL OF LICENCE MADE UNDER THE HOSPITALS AND
HEALTHCARE FACILITIES ACT, 1998

(to be submitted in duplicate)

I hereby make application for renewal of Licence No.: _____ to operate
the Hospital or Health Care Facility known as _____
and located at _____ with effect from
_____. The licence fee of _____ is enclosed herewith.

(CHEQUES ONLY, PLEASE)

The following is a list of changes to the operations of the Hospital or Health Care facility made during the
preceding year:

Licensee / Administrator Name

Date

Licensee / Administrator Signature