

Statement by facility accountant

*Private Health Facilities Act 1999* (Qld)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name and qualifications of accountant)* of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of firm)* have prepared and / or assessed the **attached** financial statements of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the applicant for an authority for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of facility/hospital).*

In my opinion

* all financial obligations of the applicant for the last two financial years have been duly met.
* the applicant has, and will continue to have, the financial capacity to operate the facility/hospital and pay its debts as and when they fall due.

I make this statement conscientiously believing the contents to be true and correct. Where the contents of this statement are based on information and belief, the contents are true to the best of my knowledge.

Accountant’s details

| Name (block letters) |  |
| --- | --- |
| Position title |  |
| Address |  |
| Phone |  |
| Signature  |  |
| Date  |  |

Witness’s details

| Name (block letters) |  |
| --- | --- |
| Position title |  |
| Address |  |
| Phone |  |
| Signature  |  |
| Date  |  |