

# Schedule 4 – Forms of Notices and Certifications

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## Parent Company's Certificate regarding Construction Documentation (clause 19.8(b)(ii))

Issue Date: [ ]

To: [Insert Independent Verifier name] (**Independent Verifier**)

[Insert Client Representative name] (**Client Representative**)

This Certificate is given pursuant to clause 19.8(b)(ii) of the document entitled 'Project Deed – Northern Beaches Hospital' dated [insert date] 2014 (**Project Deed**) between, among others, [Insert Operator name] (**Operator**) and Health Administration Corporation (ABN 45 100 538 161), a corporation sole constituted under section 9 of the *Health Administration Act 1982* (NSW), and Northern Sydney Local Health District (ABN 63 834 171 987).

The Parent Company hereby certifies that the Design Documentation, submitted as part of the Construction Documentation Report, of the Project Works, as identified in the Schedule, is from a clinical services and operational perspective acceptable to the Parent Company to enable it to meet its obligations under the Parent Company Subcontract.

Without limiting the Parent Company Subcontract, nothing in this Construction Documentation Certificate imposes any liability on the Parent Company for the preparation or development of the design in the Construction Documentation or the preparation or development of the design of the Project Works generally, nor is this a certification of the fitness for purpose of the design of the Project Works.

Terms defined in the Project Deed have the same meaning where used in this Construction Documentation Certificate.

Parent Company:

Signed on behalf of the Parent Company:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Schedule

[List relevant documents, including dates / version numbers]

## Independent Verifier's Certification (clause 19.9(a)(ii)(B))

To:                    *[Insert Client Representative name]* (**Client Representative**)  
                          *[Insert Operator name]* (**Operator**)

Under the terms of the document entitled 'Project Deed – Northern Beaches Hospital' dated *[insert date]* 2014 (**Project Deed**) between, among others, the Operator and Health Administration Corporation (ABN 45 100 538 161), a corporation sole constituted under section 9 of the *Health Administration Act 1982* (NSW), and Northern Sydney Local Health District (ABN 63 834 171 987), we hereby certify that with effect from *[insert date]* the Construction Documentation Report identified in the Schedule is satisfactory and is hereby certified pursuant to clause 19.9(a)(ii)(B) of the Project Deed.

Terms defined in the Project Deed have the same meaning where used in this Construction Documentation Certificate.

Independent Verifier:

To be signed for or by the Independent Verifier:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### **Schedule**

*[List relevant documents, including dates / version numbers]*

## Notice of Technical Completion (clause 28.1(a)(i))

To: [Insert Independent Verifier name] (**Independent Verifier**)  
[Insert Client Representative name] (**Client Representative**)

This Notice of Technical Completion is given pursuant to clause 28.1(a)(i) of the document entitled 'Project Deed – Northern Beaches Hospital' dated [insert date] 2014 (**Project Deed**) between, among others, [Insert Operator name] (**Operator**) and Health Administration Corporation (ABN 45 100 538 161), a corporation sole constituted under section 9 of the *Health Administration Act 1982* (NSW), and Northern Sydney Local Health District (ABN 63 834 171 987).

The Operator acknowledges and agrees that it must, as a pre-condition to Technical Completion, satisfy the Technical Completion Criteria.

Pursuant to and for the purposes of the Project Deed the Operator hereby certifies that in its opinion, the Technical Completion Criteria have been satisfied and Technical Completion was achieved on [insert date]. The final Technical Completion Report is attached to this Notice of Technical Completion.

Terms defined in the Project Deed have the same meaning where used in this Notice of Technical Completion.

This Notice of Technical Completion may only be relied upon by the parties to the Project Deed.

**Signed** for and on behalf of the Operator:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

## Technical Completion Certificate (clause 28.5(b))

Certificate No:

Issue Date:

To: *[Insert Operator name]* (**Operator**)

*[Insert Client Representative name]* (**Client Representative**)

Under the terms of the document entitled 'Project Deed – Northern Beaches Hospital' dated *[insert date]* 2014 (**Project Deed**) between, among others, the Operator and Health Administration Corporation (ABN 45 100 538 161), a corporation sole constituted under section 9 of the *Health Administration Act 1982* (NSW), and Northern Sydney Local Health District (ABN 63 834 171 987), we hereby confirm that, with effect from *[insert date]* the Operator has achieved Technical Completion.

Terms defined in the Project Deed have the same meaning where used in this Technical Completion Certificate.

To be signed for or by the Independent Verifier:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Notice of Operational Readiness (clause 32.1(a))

To: [Insert Client Representative name] (**Client Representative**)  
[Insert Independent Verifier name] (**Independent Verifier**)

This Notice of Operational Readiness is given pursuant to clause 32.1(a)(i) of the document entitled 'Project Deed – Northern Beaches Hospital' dated [insert date] 2014 (**Project Deed**) between, among others, [insert Operator name] (**Operator**) and Health Administration Corporation (ABN 45 100 538 161), a corporation sole constituted under section 9 of the *Health Administration Act 1982* (NSW), and Northern Sydney Local Health District (ABN 63 834 171 987).

The Operator acknowledges and agrees that it must, as a pre-condition to Operational Readiness, satisfy the Operational Readiness Criteria.

Pursuant to and for the purposes of the Project Deed the Operator hereby certifies that in its opinion the Operational Readiness Criteria have been satisfied and Operational Readiness was achieved on [insert date]. A final Operational Readiness Report is attached to this Notice of Operational Readiness.

Terms defined in the Project Deed have the same meaning where used in this Notice of Operational Readiness.

This Notice of Operational Readiness may only be relied upon by the parties to the Project Deed.

**Signed** for and on behalf of the Operator:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

## Operational Readiness Certificate (clause 32.2(a))

Certificate No:

Issue Date:

To: *[Insert Operator name]* (**Operator**)

*[Insert Client Representative name]* (**Client Representative**)

Under the terms of the document entitled 'Project Deed – Northern Beaches Hospital' dated *[insert date]* 2014 (**Project Deed**) between, among others, the Operator and Health Administration Corporation (ABN 45 100 538 161), a corporation sole constituted under section 9 of the *Health Administration Act 1982* (NSW), and Northern Sydney Local Health District (ABN 63 834 171 987), we hereby confirm that, with effect from *[insert date]* the Operator has achieved Operational Readiness.

Terms defined in the Project Deed have the same meaning where used in this Operational Readiness Certificate.

To be signed for or by the Independent Verifier:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Notice of Transfer Completion (clause 42.1(a))

To: [Insert Independent Verifier name] (**Independent Verifier**)  
[Insert Client Representative name] (**Client Representative**)

This Notice of Transfer Completion is given pursuant to clause 42.1(a)(i) of the document entitled 'Project Deed – Northern Beaches Hospital' dated [insert date] 2014 (**Project Deed**) between, among others, [Insert Operator name] (**Operator**) and Health Administration Corporation (ABN 45 100 538 161), a corporation sole constituted under section 9 of the *Health Administration Act 1982* (NSW), and Northern Sydney Local Health District (ABN 63 834 171 987).

The Operator acknowledges and agrees that it must, as a pre-condition to Transfer Completion, satisfy the Transfer Completion Criteria.

Pursuant to and for the purposes of the Project Deed the Operator hereby certifies that in its opinion, the Transfer Completion Criteria have been satisfied and Transfer Completion was achieved on [insert date]. An updated Transition Report is attached to this Notice of Transfer Completion.

Terms defined in the Project Deed have the same meaning where used in this Notice of Transfer Completion.

This Notice of Transfer Completion may only be relied upon by the parties to the Project Deed.

**Signed** for and on behalf of the Operator:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

## Transfer Completion Certificate (clause 42.2(b))

Certificate No:

Issue Date:

To: *[Insert Operator name]* (**Operator**)

*[Insert Client Representative name]* (**Client Representative**)

Under the terms of the document entitled 'Project Deed – Northern Beaches Hospital' dated *[insert date]* 2014 (**Project Deed**) between, among others, the Operator and Health Administration Corporation (ABN 45 100 538 161), a corporation sole constituted under section 9 of the *Health Administration Act 1982* (NSW), and Northern Sydney Local Health District (ABN 63 834 171 987), we hereby confirm that, with effect from *[insert date]* the Operator has achieved Transfer Completion.

Terms defined in the Project Deed have the same meaning where used in this Transfer Completion Certificate.

To be signed by or for the Independent Verifier.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



## Notice of Final Completion (clause 44.1(a))

To: [Insert Independent Verifier name] (**Independent Verifier**)  
[Insert Client Representative name] (**Client Representative**)

This Notice of Final Completion is given pursuant to clause 44.1(a) of the document entitled 'Project Deed – Northern Beaches Hospital' dated [insert date] 2014 (**Project Deed**) between, among others, [Insert Operator name] (**Operator**) and Health Administration Corporation (ABN 45 100 538 161), a corporation sole constituted under section 9 of the *Health Administration Act 1982* (NSW), and Northern Sydney Local Health District (ABN 63 834 171 987).

The Operator acknowledges and agrees that it must, as a pre-condition to Final Completion, satisfy the Final Completion Criteria.

Pursuant to and for the purposes of the Project Deed the Operator hereby certifies that in its opinion, the Final Completion Criteria have been satisfied and Final Completion was achieved on [insert date]. A final Transition Report is attached to this Notice of Final Completion.

Terms defined in the Project Deed have the same meaning where used in this Notice of Final Completion.

This Notice of Final Completion may only be relied upon by the parties to the Project Deed.

**Signed** for and on behalf of the Operator:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

## Final Completion Certificate (clause 44.2(b))

Certificate No:

Issue Date:

To: *[Insert Operator name]* (**Operator**)

*[Insert Client Representative name]* (**Client Representative**)

Under the terms of the document entitled 'Project Deed – Northern Beaches Hospital' dated *[insert date]* 2014 (**Project Deed**) between, among others, the Operator and Health Administration Corporation (ABN 45 100 538 161), a corporation sole constituted under section 9 of the *Health Administration Act 1982* (NSW), and Northern Sydney Local Health District (ABN 63 834 171 987), we hereby confirm that, with effect from *[insert date]* the Operator has achieved Final Completion.

Terms defined in the Project Deed have the same meaning where used in this Final Completion Certificate.

To be signed by or for the Independent Verifier.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Car Park Operator Certificate (clause 19.8(b)(iii))

Certificate No:

Issue Date:

To: *[Insert Independent Verifier name]* (**Independent Verifier**)

*[Insert Client Representative name]* (**Client Representative**)

Under the terms of the document entitled 'Project Deed – Northern Beaches Hospital' dated *[insert date]* 2014 (**Project Deed**) between, among others, *[Insert Operator name]* (**Operator**) and Health Administration Corporation (ABN 45 100 538 161), a corporation sole constituted under section 9 of the *Health Administration Act 1982* (NSW), and Northern Sydney Local Health District (ABN 63 834 171 987), we hereby confirm that, with effect from *[insert date]*, the Construction Documentation report, as identified in the Schedule, is acceptable to us (from an operational perspective), to enable us to perform the Car Park Services (as defined in the Car Park Management Deed).

Terms defined in the Project Deed have the same meaning where used in this Car Park Operator Certificate.

To be signed by or for the Car Park Operator.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Schedule

*[List relevant documents, including dated / version numbers]*