

Facility entered into by the transferor prior to the date of transfer; and

- (iv) I/we hereby apply for Licence Number ..... granted to ..... to be transferred to us.  
The fee of \$ ..... is enclosed.

..... (Date) (Administrator)

**HOSPITALS AND HEALTH CARE FACILITIES  
(FEES) REGULATIONS**

S.I. 97/2000  
S.I. 7/2010

(SECTION 30)

*[Commencement 20th December, 2000]*

**1.** These regulations may be cited as the Hospitals and Health Care Facilities (Fees) Regulations. Citation.

**2.** The fees specified in the second column of the Schedule shall be in respect of that licence specified in the first column of the Schedule. Schedule of Fees.  
Schedule.

**SCHEDULE (Regulation 2)**

S.I. 7/2010

		\$
For a new licence:	Hospitals, surgical centres, maternity hospitals and birthing centres	500
	each patient bed	10
	diagnostic facilities included	200
Renewal of licence	Fee shall be the same as for a new licence	
	Clinics	400
	diagnostic imaging services included	200
	laboratory facilities included	200
Renewal of licence	Fee shall be the same as for a new licence	
	All other facilities, new and renewal	300
Re-issue of lost licence		50
Transfer of licence	If renewal of licence is pending Full renewal fee for transfer only	200
For temporary licence		200

NOTE: A licence shall take effect on the date specified in the licence, and shall expire on the thirty-first day of December in the year of issue.