

Transferring provider declaration

Part A: Service details

1.	Service approval number:	SE-
2.	Service legal entity name:	
3.	Service trading name:	
4.	Please specify the date on which the transfer is intended to take effect: (DD/MM/YYYY)	

Note: The regulatory authority must be notified at least 42 days before the transfer, unless there are exceptional circumstances, and the regulatory authority has agreed to a shorter timeframe.

Part B: Transferring and receiving approved provider details

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Transferring Provider		Receiving Provider	
Provider number	PR-	Provider number	PR-
Provider name		Provider name	

Part C: Contact details of transferring provider for application

6. Name and contact details for the transferring provider for this application:

Details

<i>Note</i> : This is the person the
regulatory authority will contact
with any questions about this form.

	Title:	First name:
n.	Last name:	Mobile number:
	Phone number:	
	Email:	



of South Australia

Education and Early Childhood Services Registration and Standards Board of SA Freecall 1800 882 413 GPO Box 1811 Adelaide SA 5001 www.esb.sa.gov.au ABN 73 995 271 108



l,	_[insert full name of person signing the	declaration],		
of	[in	sert address],		
am[insert	position/title of applicant, e.g proprieto	or, director, etc.]		
and I am				
the approved provider of the service,	, or Note: please tick of	one box only		
a person authorised to sign on the approved provider's behalf				
 I declare that: The information provided in this form (including any attachments) is true, complete and correct I have read, understood and agree to the conditions and the associated material contained in this form I understand that the Regulatory Authority has the right (but are not obliged) to act in reliance upon the contents of this form, including its attachments I have read and understood a provider's legal obligations under the Education and Care Services National Law The Regulatory Authority is authorised to verify any information provided in this form Some of the information provided in this form may be disclosed to the Commonwealth for the purposes of the Family Assistance Law and may be disclosed to other persons/authorities where authorised by the Education and Care Services National Law or other legislation, and I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided. 				
Signature of the person making the declara	ation:	_		
Signed at:	[address] on	_[date]		
 Who may sign? Individuals: the individual applicant/notifier Company: two directors of the company, or a director a Incorporated association: the public officer and one other sectors of the company of the sector sector and the sector sector sector sectors are sectors as a sector sector sector sector sector sector sectors and sector sectors are sectors as a sector sector		ole director		

- Cooperative: two directors of the cooperative, or a direct and one other officer of the cooperative
- Partnership: a managing partner who is authorised to sign on behalf of the partnership
- Corporation: signed in a accordance with the rules of the corporation
- Government school council: signed in accordance with the rules of the council.

