Capitalized terms not defined herein have the meanings ascribed to them in the Program Rules.

**Section 1 – Information of the Applicant and Facility**

| Legal name of the Applicant: | <*Enter legal name of the Applicant*> |
| --- | --- |
| Name of the Facility: | <*Enter name of the Facility*> |
| Application ID: | *<Enter Application ID>* |

**Section 2 - Acknowledgements**

By submitting this Prescribed Form – Application Termination Notice, the Applicant attests that:

*Note: Please check the boxes below.*

1. The Applicant wishes to and does hereby terminate its Application to the Program in respect of the above referenced Facility.
2. The Applicant acknowledges and agrees that upon the Sponsor’s receipt of a completed Application Termination Notice, the Application to the Program in respect of the above-noted Facility will be deemed terminated and will no longer be considered for an SHP Contract or an SHP-AR Contract, as applicable and the Sponsor shall have no liability to the Applicant for the terminated Application Package.
3. The Applicant acknowledges that all information submitted by the Applicant as part of the Application Package is subject to Section 7 of the Rules and the Sponsor is under no obligation to return any part of the Application Package to the Applicant.
4. The Applicant hereby represents and warrants that the information contained in this Prescribed Form is complete, true and accurate in all respects.

[Signature page follows.]

I hereby confirm that I am an individual with the authority to bind the Applicant and that, if applicable, by signing this form using electronic signature, I agree to the content, terms and conditions set out in the document on behalf of the Applicant.

**APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Per: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:

Print Title:

(I have authority to bind the Applicant)

Date Signed: