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: