GOVERNMENT OF DUBAI

سلطة مدينة دبي الطبية
DUBAI HEALTHCARE CITY AUTHORITY

For Office Use Only
CPQ ID:
Date Submitted:

Modification Application Form - Facility

All fields marked with * in this application form are mandatory fields. CPQ will not accept any application which does not have these mandatory fields completed. All relevant sections of this application form shall be completed including the Declaration and Signature.

Type of Facility	
☐	Clinical
☐	Non Clinical

Particulars of Current Facility	
Operating Name *	
Location (include building, floor and unit number)*	Space (in sq ft)*
Services/Specialties Provided (clinical)*	
Segment/Activities (non clinical)*	

Proposed Modifications
Clinical Facility - specify changes to the licensed services/specialties provided by the facility *
Non Clinical Facility - specify the changes to the licensed segment/activities provided by the facility *

مركز التخطيط والجودة للخدمات الطبية
CENTER FOR HEALTHCARE PLANNING & QUALITY

Other - specify any other changes to the facility*

Space - specify any changes to the facility area and or location*

Declaration and Signature

* I declare that I am authorized to represent the applicant in this request to operate a facility proposed in this application
* I have read all of the requirements listed in this application and the attached fee schedule. I understand that the application fee once paid is non-refundable and that the fee schedule may change without prior notice.
* I declare the information in my application to be true, to the best of my knowledge.
* I understand that CPQ will contact me if additional information is required to complete my application. I am aware that I must authorize any additional contact for this application without which CPQ will not release any information.
* I declare there are no existing or pending litigation matters, claims, penalties, proceedings or investigations by any professional body against any professional currently working at my existing facility or facilities.
* I understand that any fraudulent, misleading, deceptive or incorrect information provided will result in any approval issued being revoked. Further, any payments made for the purpose of that approval will not be refunded.
* CPQ reserves the right to refuse, at its sole discretion, any application.

_____ _____

Signature **Date**