

PART 2

Forms

FORM 1

[Subsection 7(2)]

Notice of Amalgamation

The following health care organization:

_____ and the provincial health authority hereby give notice pursuant to subsection 3-12(3) of *The Provincial Health Authority Act*:

- (a) that they wish to amalgamate; and
- (b) that they have obtained the approval of their members by special resolution (*attach copies of special resolutions*). (*Strike out clause (b) if it does not apply.*)

The effective date of the amalgamation is _____, 20____.

Executed at _____, Saskatchewan, this _____ day of _____, 20 ____

on behalf of _____

(name of health care organization)

(signature of duly authorized officer)

(name of duly authorized officer)

(office of duly authorized officer)

Executed at _____, Saskatchewan, this _____ day of _____, 20 ____

on behalf of the provincial health authority.

(signature of duly authorized officer)

(name of duly authorized officer)

(office of duly authorized officer)