*Please use headed paper and delete this box*

*For Groups of companies, please certify for each individual licensed entity*

*Please submit your completed certification via the licensing portal in PDF format*

[DD/MM/YYYY]

To: Sarah Dorje, Deputy Director of Independent Providers, NHS Improvement

Sent via the Licensing Portal

Dear Sarah,

**Re: self-certification against the G6 Licence Condition (Systems for compliance with licence conditions and related obligations) for [name of licensed entity]**

Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee [are/are not\*] satisfied that, in the financial year most recently ended, the Licensee took all such precautions as were necessary in order to comply with condition G6.

**Signed:**

**Name: [ ]**

**Position: [ ]**

*On behalf of the licensed entity’s Board of Directors*

*\*delete as appropriate*