


NF33 Form	Health Information and Quality Authority	 Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
	Change of Company Personnel and or Company Contact Information	

Section 1. Company details.		For official use
Company name (registered provider)		<input type="checkbox"/>
Companies Registration Office number (as per www.cro.ie)		<input type="checkbox"/>
Please state the reason for this notification by ticking the relevant box or boxes and completing the associated section.		
Section 2.	Change of company personnel . <input type="checkbox"/>	<input type="checkbox"/>
Section 3.	Changes to the company contact information . <input type="checkbox"/>	

Section 2. Change of company personnel details.		For official use
Please state what company role is changing by ticking the relevant box or boxes.	Director <input type="checkbox"/>	<input type="checkbox"/>
	Chairperson <input type="checkbox"/>	
	Manager or Chief executive <input type="checkbox"/>	
	Secretary <input type="checkbox"/>	
Please state the type of change by ticking the relevant box or boxes.	New company personnel <input type="checkbox"/>	<input type="checkbox"/>
	Departing company personnel <input type="checkbox"/>	
Please state the date the change will take effect.		<input type="checkbox"/>

Section 2.1 New company personnel. Please state the name of the new company personnel (if applicable).				For official use
Title	First name	Surname	Role (as per section 2)	<input type="checkbox"/>

Section 2.2 Departing company personnel. Please state the name of the departing company personnel (if applicable).				For official use
Title	First name	Surname	Role (as per section 2)	<input type="checkbox"/>

Please continue on a separate copy of this page, if necessary.

Section 3. Changes to the company contact information.			For official use
Please state the change by ticking the relevant box or boxes and entering the new contact details.			
Please tick ✓	Type of change	New contact details	
<input type="checkbox"/>	Company name		<input type="checkbox"/>
<input type="checkbox"/>	Address of the registered offices of the company		<input type="checkbox"/>
	Eircode		
<input type="checkbox"/>	Phone number of the registered office of the company		<input type="checkbox"/>
<input type="checkbox"/>	Email address		<input type="checkbox"/>
Please state the date the change will take effect			<input type="checkbox"/>

Section 4. Declaration by the registered provider		For official use
I, the undersigned, declare that the information I have provided in this notification form is true to the best of my knowledge and belief.		
Name (print)		<input type="checkbox"/>
Position	Director <input type="checkbox"/>	<input type="checkbox"/>
	Authorised person <input type="checkbox"/>	
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact number (during office hours)		<input type="checkbox"/>

The notification form should be posted to: Registration Office, Regulatory Support Services, Health Information and Quality Authority, Unit 1301, City Gate, Mahon, Cork, T12 Y2XT.

Telephone no: 021 240 9340

Email: registration@higa.ie