


NF35 Form	Health Information and Quality Authority	 Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte
	Notification to cease to carry on the business of the designated centre and close the centre ¹	

Section 1. Designated centre details		For official use
Centre name		<input type="checkbox"/>
Centre ID (OSV)		<input type="checkbox"/>
Address		<input type="checkbox"/>
Eircode		<input type="checkbox"/>

Section 2. Closure details		For official use
What is the proposed date you intend to close the centre?		<input type="checkbox"/>
Please provide details of the closure:		<input type="checkbox"/>

¹ You must provide a minimum of 6 months notice to the Authority, as per the Health Act 2007 and regulations thereunder.

Section 3. 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"/>
	Partner <input type="checkbox"/>	
	Manager, chairperson or member of the unincorporated body <input type="checkbox"/>	
	Individual/sole trader <input type="checkbox"/>	
	Authorised person <input type="checkbox"/>	
Signed		<input type="checkbox"/>
Date		<input type="checkbox"/>
Contact phone 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@hqa.ie