


<b>NF36 Form</b>	Health Information and Quality Authority	 <b>Health Information and Quality Authority</b> An tÚdarás Um Fhaisnéis agus Cailíocht Sláinte
	<b>Change of Partner and or Partnership Contact Information</b>	

<b>Section 1. Partnership details.</b>		For official use
Partnership name (registered provider)		<input type="checkbox"/>
Please state the reason for this notification by ticking the relevant box or boxes and completing the associated section.		
<b>Section 2.</b>	Change of <b>partner</b> . <input type="checkbox"/>	<input type="checkbox"/>
<b>Section 3.</b>	Changes to the partnership <b>contact information</b> . <input type="checkbox"/>	

<b>Section 2. Change of partnership details.</b>		For official use
Please confirm the partnership has not been <b>dissolved</b> * by ticking the box provided.	<input type="checkbox"/>	<input type="checkbox"/>
Please state the <b>type of change</b> by ticking the relevant box or boxes.	New partner <input type="checkbox"/>	<input type="checkbox"/>
	Departing partner <input type="checkbox"/>	
Please state the <b>date</b> the change will take effect.		<input type="checkbox"/>

\* If the partnership, that is to say the registered provider, has been dissolved, the new partnership must **apply to register** the designated centre via an application to register. It is an offence to carry on the business of the designated centre unless the new partnership is the registered provider.

Section 2.1 New partner.			For official use
Please state the name of the <b>new</b> partner or partners (if applicable).			
Title	First name	Surname	<input type="checkbox"/>

Section 2.2 Departing partner.			For official use
Please state the name of the <b>departing</b> partner or partners (if applicable).			
Title	First name	Surname	<input type="checkbox"/>

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

Section 2.3 Partnership authorisation.			For official use
Please select from <b>one</b> of the following options.			
1.	Each partner named in this section is independently authorised to act on behalf of the partnership.	<input type="checkbox"/>	<input type="checkbox"/>
2.	All partners must jointly act on behalf of the partnership.	<input type="checkbox"/>	
Please state the name of the partner or partners that have been independently authorised to act on behalf of the partnership.			<input type="checkbox"/>
First name		Surname	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please continue on a separate photocopy of this section, if necessary.

All partners must sign the partnership authorisation declaration.

For  
official  
use

Title	First name	Surname	Signature	Date
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1.					<input type="checkbox"/>
2.					<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>
6.					<input type="checkbox"/>
7.					<input type="checkbox"/>
8.					<input type="checkbox"/>
9.					<input type="checkbox"/>
10.					<input type="checkbox"/>

Section 3. Changes of partnership 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 information	
<input type="checkbox"/>	Partnership name		<input type="checkbox"/>
<input type="checkbox"/>	Address of the registered offices of the partnership		<input type="checkbox"/>
	Eircode		
<input type="checkbox"/>	Phone number of the registered office of the partnership		<input type="checkbox"/>
<input type="checkbox"/>	Email address		<input type="checkbox"/>
Please state the <b>date</b> 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	Authorised partner <input type="checkbox"/>	<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](mailto:registration@higa.ie)