


NF32 Form DCD	Health Information and Quality Authority Designated centre for people with disabilities (DCD) Change to the ownership of a body corporate¹	 <p>Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</p>
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Section 1. Details of the body corporate.

Name of the body corporate (such as company name)	
Companies Registration Office number, if applicable	
Address of the registered office of the body corporate	
Eircode	

Please provide additional details of the change of ownership, if applicable. In addition, please outline the impact to the residents living in the centre and any changes to the current governance and management structures outlined in the statement of purpose.

¹ Changes to the shareholding of the body corporate. Where there is a change to the registered provider, such as a new company with a new company registration number, an application to register must be submitted to HIQA by the intended registered provider.

Section 2. New shareholder(s).

#	Title	First name	Surname	Date change will take effect
1.				
2.				
3.				
4.				
5.				

Section 3. Departing shareholders or shareholders.

Please state the name of the **departing** shareholder or shareholders of the body corporate (if applicable).

#	Title	First name	Surname	Date change will take effect
1.				
2.				
3.				
4.				
5.				

Section 4 . Declaration by the registered provider

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)	
Position	Director for and on behalf of the body corporate <input type="checkbox"/> Authorised signatory for and on behalf of the body corporate ² <input type="checkbox"/>
Signed	
Date	
Contact number (during office hours)	

The most secure and convenient way to submit the notification form and prescribed information is through the HIQA Portal: <https://portal.hiqa.ie/User/Login?ReturnUrl=%2f>

Should you wish to continue in hardcopy, please post the form 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@hiqa.ie

² A letter of authorisation notifying the Chief Inspector of the appointment of an authorised signatory must be sent by post in advance of the authorised signatory exercising signing authority. This letter must contain certain information which is set out in our Regulatory Notice which is available to download from our website www.hiqa.ie