


NF33A Form	Health Information and Quality Authority Change of company personnel form	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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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"/>
Do you currently have an open application to register or renew the registration of a designated centre(s) where the company is the applicant and registered provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If you answered yes , do you want to update the open application with the information provided on this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<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"/> Chairperson <input type="checkbox"/> Manager or Chief executive <input type="checkbox"/> Secretary <input type="checkbox"/>	<input type="checkbox"/>
Please state the type of change by ticking the relevant box or boxes.	New company personnel <input type="checkbox"/> Departing company personnel <input type="checkbox"/>	<input type="checkbox"/>
Please state the date the change will take effect		<input type="checkbox"/>

Section 3. New company personnel				For official use
Please state the name of the new company personnel (if applicable)				<input type="checkbox"/>
Title	First name	Surname	Role (as per section 2)	

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

Section 4. Departing company personnel				For official use
Please state the name of the departing company personnel (if applicable)				<input type="checkbox"/>
Title	First name	Surname	Role (as per section 2)	

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

Section 5. Declaration by the registered providerFor
official
use

I, the undersigned, having been authorised to do so, 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 signatory for and on behalf of the company* <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@hiqa.ie

* 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