


NF33B Form	Health Information and Quality Authority Change of company name or contact information	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cailíocht 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 No	<input type="checkbox"/>
If you answered yes , do you want to update the open application(s) with the information provided on this form?	Yes No	<input type="checkbox"/>

Section 2. Changes to the company name.		For official use
New company name		<input type="checkbox"/>
Date change will take effect		<input type="checkbox"/>

Section 3. Change of address or phone number of the registered company.		For official use
Address of the registered offices of the company		<input type="checkbox"/>
Eircode		<input type="checkbox"/>
Date change will take effect		<input type="checkbox"/>
New company phone number		<input type="checkbox"/>
Date change will take effect		<input type="checkbox"/>

Section 4. Change of company email.		For official use
New company email address		<input type="checkbox"/>
Date change will take effect		<input type="checkbox"/>

Section 5. 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 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"/>

This 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

* 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.higa.ie