


NF36A Form	Health Information and Quality Authority Change of Partner(s)	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Partnership details		For official use
Partnership name (registered provider)		<input type="checkbox"/>
Do you currently have an open application to register or renew the registration of a designated centre(s) where the partnership 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 partnership details		For official use
Please confirm the partnership has not been dissolved * by ticking the box provided.	<input type="checkbox"/>	<input type="checkbox"/>
Please state the type of change by ticking the relevant box or boxes.	New partner <input type="checkbox"/> Departing partner <input type="checkbox"/>	<input type="checkbox"/>
Please state the date 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 3. New partner			For official use
Please state the name of the new partner or partners (if applicable)			
Title	First name	Surname	<input type="checkbox"/>

Section 4. Departing partner			For official use
Please state the name of the departing partner or partners (if applicable)			
Title	First name	Surname	<input type="checkbox"/>

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

Section 5. Partnership authorisation.			For official use
Please select from one 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.

Section 6. Partnership authorisation declaration

All partners must sign the partnership authorisation declaration.

For
official
use

We, the undersigned partners, authorise each partner named in section 5 to act on behalf of the partnership in relation to the registration or renewal of registration of a designated centre.

Title	First name	Surname	Signature	Date	
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"/>

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

Section 7. 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	Partner <input type="checkbox"/>	<input type="checkbox"/>
	Authorised signatory for and on behalf of the partnership [†] <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

[†] 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