

NF36B Form	Health Information and Quality Authority Change of partnership contact information	 <p>Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small></p>
-----------------------	--	---

Section 1. Partnership details.	
Partnership name (registered provider)	
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"/>
If you answered yes , do you want to update the open application(s) with the information provided on this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 2. Changes to the partnership contact information		
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"/>	Address of the registered offices of the partnership	
	Eircode	

<input type="checkbox"/>	Phone number of the registered office of the partnership	
<input type="checkbox"/>	Email address	
Please state the date the change will take effect		

Section 3. 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	Partner	<input type="checkbox"/>
	Authorised signatory for and on behalf of the partnership*	<input type="checkbox"/>
Signed		
Date		
Contact number (during office hours)		

* 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

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