


NF36B Form	Health Information and Quality Authority Change of partnership contact information	 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(s) with the information provided on this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

Section 2. Changes to the partnership contact information			For official use
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"/>
<input type="checkbox"/>	Address of the registered offices of the partnership		<input type="checkbox"/>
	Eircode		

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

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

* 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 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