


<b>NF37A Form</b>	Health Information and Quality Authority <b>Changes to the manager or chairperson of an unincorporated body</b>	 <b>Health Information and Quality Authority</b> <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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<b>Section 1. Unincorporated Body details</b>		For official use
Unincorporated body name (registered provider)		<input type="checkbox"/>
Do you currently have an <b>open application to register or renew</b> the registration of a designated centre(s) where the unincorporated body is the applicant or registered provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
If you answered <b>yes</b> , 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"/>

<b>Section 2. Change to the manager or chairperson of the unincorporated body</b>			For official use
Please state the type of change by ticking the relevant box or boxes	<b>New</b> manager or chairperson <input type="checkbox"/>		<input type="checkbox"/>
	<b>Departing</b> manager or chairperson <input type="checkbox"/>		
Name of the <b>departing</b> manager or chairperson (if applicable)			<input type="checkbox"/>
Name of the <b>new</b> manager or chairperson	Title	First name	<input type="checkbox"/>

Section 2. Change to the manager or chairperson of the unincorporated body		For official use
<b>Business</b> address of the new manager or chairperson		<input type="checkbox"/>
Eircode		<input type="checkbox"/>
<b>Business</b> phone number of the manager or chairperson		<input type="checkbox"/>
<b>Business</b> mobile number (optional)		<input type="checkbox"/>
<b>Business</b> email address of the manager or chairperson		<input type="checkbox"/>
Please state the <b>date</b> the change will take effect		<input type="checkbox"/>

**Section 3. Declaration by the registered provider**For  
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	Member of the committee of management or other controlling authority of the unincorporated body <input type="checkbox"/> Authorised signatory for and on behalf of the unincorporated body * <input type="checkbox"/>	<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](mailto: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](http://www.higa.ie)