


NF37B Form	Health Information and Quality Authority Changes to the membership of an unincorporated body	 Health Information and Quality Authority <small>An tUdarás Um Fhaisnéis agus Cáilocht Sláinte</small>
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Section 1. Unincorporated body details		For official use
Unincorporated body 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 unincorporated body is the applicant or 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. Change to the membership of the unincorporated body		For official use
Please confirm the unincorporated body 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 member <input type="checkbox"/> Departing member <input type="checkbox"/>	<input type="checkbox"/>
Please state the date the change will take effect.		<input type="checkbox"/>

* If the unincorporated body, that is to say the registered provider, has been dissolved, the new unincorporated body 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 unincorporated body is the registered provider.

Section 3. New member			For official use
Please state the name of the new member or members (if applicable)			
Title	First name	Surname	<input type="checkbox"/>

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

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

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"/>	<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

[†] 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