

| Section 3. Change of medical radiological installation name | | Date change will take effect | For official use |
|---|--|------------------------------|------------------|
| Medical radiological installation new name | | | |

| Section 4. Change of medical radiological installation address | | Date change will take effect | For official use |
|--|--|------------------------------|------------------|
| Medical radiological installation new address | | | |

| Section 5. Change of medical radiological service type | | | | | | Date change will take effect | For official use |
|---|---------------------|--------------|------------------|--------------------------------------|---------------------|------------------------------|------------------|
| Medical radiological installation new service type | | | | | | | |
| Dental | General Radiography | Radiotherapy | Nuclear Medicine | Interventional radiology/ cardiology | Computed Tomography | | |
| | | | | | | | |

Section 6. Declaration

For
official
use

I, the undersigned, declare as the undertaking/on behalf of the undertaking that the information I have provided in this notification form is true to the best of my knowledge and belief.

| | | | |
|------------------------------------|--|--|--|
| Signed by (tick as appropriate) | Sole trader | | |
| | Partner of the partnership | | |
| | Director of the company | | |
| | Member of the committee of management or other controlling authority of an unincorporated body | | |
| | Member of the board, directorate or other governance structure of the body corporate | | |
| Name | | | |
| Job title | | | |
| Signature | | | |
| | Type your name in the signature field | | |
| Date | | | |