

NF201E

Notification Form

Change of designated manager

To be completed in conjunction with guidance published at www.higa.ie



Section 1. Undertaking details

For
official
use

Undertaking name

Undertaking address

Address line 1

Address line 2

County

Eircode

Undertaking email address

Undertaking contact number

Number of medical radiological installations under the undertaking's remit

Section 2. Medical radiological installation(s) affected by the change							For official use
No.	Medical radiological installation name	Medical radiological installation address (include Eircode)	Existing ¹ designated manager name	Existing designated manager job title	Existing designated manager email address	Existing designated manager contact number	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							

¹ Existing means before the changes submitted in this form.

Section 5. 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			