


<b>NF36A Form</b>	Health Information and Quality Authority  <b>Change of Partner(s)</b>	 Health Information and Quality Authority <small>An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</small>
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Section 1. Partnership details	
Partnership name (registered provider)	
Do you currently have an <b>open application to register or renew</b> the registration of a designated centre(s) where the partnership is the applicant and registered provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered <b>yes</b> , do you want to update the open application with the information provided on this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 2. Change of partnership details					
Please confirm the partnership has not been <b>dissolved</b> * by ticking the box provided.	<input type="checkbox"/>				
Please state the <b>type of change</b> by ticking the relevant box or boxes.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">New partner</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 5px;">Departing partner</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	New partner	<input type="checkbox"/>	Departing partner	<input type="checkbox"/>
New partner	<input type="checkbox"/>				
Departing partner	<input type="checkbox"/>				
Please state the <b>date</b> the change will take effect.					

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\* If the partnership, that is to say the registered provider, has been dissolved, the new partnership 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 partnership is the registered provider.

### Section 3. New partner

Please state the name of the **new** partner or partners (if applicable)

Title	First name	Surname

### Section 4. Departing partner

Please state the name of the **departing** partner or partners (if applicable)

Title	First name	Surname

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

## Section 5. Partnership authorisation.

Please select from **one** of the following options.

1.	Each partner named in this section is independently authorised to act on behalf of the partnership.	<input type="checkbox"/>
2.	All partners must jointly act on behalf of the partnership.	<input type="checkbox"/>

Please state the name of the partner or partners that have been independently authorised to act on behalf of the partnership.

First name	Surname
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Please continue on a separate photocopy of this section, if necessary.

## Section 6. Partnership authorisation declaration

All partners must sign the partnership authorisation declaration.

We, the undersigned partners, authorise each partner named in section 5 to act on behalf of the partnership in relation to the registration or renewal of registration of a designated centre.

Title	First name	Surname	Signature	Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please continue on a separate photocopy of this section, if necessary.

## Section 7. Declaration by the registered provider

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)	
Position	Partner <input type="checkbox"/> Authorised signatory for and on behalf of the partnership <sup>†</sup> <input type="checkbox"/>
Signed	
Date	
Contact number (during office hours)	

The most secure and convenient way to submit the notification form and prescribed information is through the HIQA Portal: <https://portal.hiqa.ie/User/Login?ReturnUrl=%2f>

Should you wish to continue in hardcopy, please post the form 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](mailto:registration@hiqa.ie)

<sup>†</sup> 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.hiqa.ie](http://www.hiqa.ie)