

Centre ID (OSV)	
Registered Provider name	
(such as company name)	

Section 2. Declaration of occupancy

Please tick the relevant date of declaration and state the year.

1 January

I May

I May

I September

I declare that the total number of residents accommodated at the designated centre on the above date is:

^{*} This form should be returned to before the 15th day of the calendar month which the payment falls due, that is, either 1 January, 1 May, or 1 September.

Section 3. Declaration by the registered provider

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

Name (print)		
	Director	
	Partner	
	Individual/sole trader	
Position	Member of the committee of management or other controlling authority of the unincorporated body	
	Person responsible on behalf of the statutory body	
	Authorised signatory for and on behalf of the registered provider [†]	
Signed		
Date		
Contact number		
(during office hours)		

⁺ 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 <u>must</u> contain certain information which is set out in our Regulatory Notice which is available to download from our website <u>www.hiqa.ie</u>

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