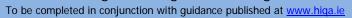
NF201E

Notification Form

Change of designated manager





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.	2. Medical radiological installation(s) affected by the change							
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.								

 $[\]ensuremath{^{\text{1}}}$ Existing means before the changes submitted in this form.

Section 3.	ion 3. Change of designated manager person						For official use	
No.	Medical radiological installation name	Medical radiological installation address (include Eircode)	New designated manager name	New designated manager job title	New designated manager email address	New designated manager contact number	Date change will take effect	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
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12.								
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16.								
17.								
18.								
19.								
20.								

Section 4.	4. Change of correspondence details of designated manager in place						For official use	
No.	Medical radiological installation name	Medical radiological installation address (include Eircode)	Existing designated manager name	Existing designated manager new job title	Existing designated manager new email address	Existing designated manager new contact number	Date change will take effect	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

Section 5. Declaration							
I, the undersigned, declare as the undertaking/on behalf of the undertaking that the information I have provided in this notification form is tr 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							
Signature	Type your name in the signature field						
Date							