NF201F	Notification Form Change of partnership details To be completed in conjunction with guidance published at <u>www.hiqa.ie</u>	Health Information and Quality Authority An tUdarás Um Fhaisnéis agus Cállocht Sláinte
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This form allows you to notify us of a change in partnership details up to three partners. If a change of an undertaking's details results in a **change to its legal entity**, the undertaking is considered a **new legal entity** providing medical exposures and a change of details (NF201) form will **not** be accepted.

Section 1. Undertaking details			For official use
Undertaking name			
	Address line 1		
	Address line 2		
Undertaking address	County		
	Eircode		
Undertaking email address			
Undertaking contact number			

Section 2. Change of partner(s)						Date change will take effect	For official use
1.	Departing partner	Yes		No			
1.	New partner	Yes		No			
1.	Partner name						

2.	Departing partner	Yes		No		
2.	New partner	Yes		No		
2.	Partner name					

3.	Departing partner	Yes	No		
3.	New partner	Yes	No		
3.	Partner name				

Section 3. Declaration			For official use
I, the undersigned, declare as the undertaking/on beh true to the best of my knowledge and belief.	alf of the undertaking that the information I have provided	in this notification	form is
	Sole trader		
	Partner of the partnership		
Signed by (tick as appropriate)	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			
Circulture			
Signature	Type your name in the signature field		
Date			