


Form NF34	Notification - Change of name or address of the body corporate (to be completed by the registered provider/person nominated on behalf of the registered provider)	 <p>Health Information and Quality Authority An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte</p>
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Name of centre:	
Centre ID provided by Inspectorate (if known):	
Name of registered provider:	
Name of person in charge:	
Name of person responsible on behalf of the registered provider:	

Previous details of Corporate Body, as recorded at the time of last registration or correspondence with the Authority

Centre address:		
Telephone number:		Fax number:

Information about change of body corporate name

Previous name of body corporate:	
New name of body corporate:	
Date change is to take effect	(DAY/MONTH/YEAR)

Information about change of address and contact details of the body corporate

New address:		
New telephone number:		New fax number:
Date change is to take effect	(DAY/MONTH/YEAR)	

Please note: If there is any change to the members to of the body corporate please ensure that you also complete and return the appropriate notifications to the address below.

Please note the declaration below must be signed by the Registered Provider, or the person nominated to act on behalf of the company, partnership, unincorporated body or statutory body.

Declaration:

The information I have provided in this application form is true to the best of my knowledge and belief.

Notifications made on behalf of companies or other corporate bodies should be signed by a duly authorised person

Signed:

Name: (please print)

Position:

Date:

(DAY/MONTH/YEAR)

On completion of this form

Please return the completed signed form by email to registration@hiqa.ie

Alternatively you may post or fax it to the Health Information and Quality Authority office to the address below:

Registration Office
Health Information and Quality Authority
Unit 1301
City Gate
Mahon
Cork
Fax: 021 240 9600
Tel: 021 240 9340