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n	CY		-		_	

e.g. 13WX0199

Change of Ownership/Service Form

Name of Service	DCYA Ref No:			
Affairs that this service is being taken	, holder of a childcare programme contract with ober, wish to notify the Department of Children and Youth over by the person whose details are outlined below. with effect from <i>(date)</i> /			
transfer has already been received by	contracts held in respect of a period beyond the date of the me, and I have made the necessary financial ard of Management in order to transfer this funding.			
OR				
	ramme funding under contracts held in respect of a , and any further payments due to this service should be agement.			
(Delete whichever statement is	s inapplicable)			
Signed (Signature of previous owne	r/Chairperson)			
Details of new owner/Chairperson o	of the Board of service			
Name(BLOCK CAPITALS)	New DCYA Ref (Please leave blank)			
Home Address				
	, wish to notify the Department of Children and Youth			
Affairs that I will be taking over the ser				
with effect from <i>(date)</i> /				
been received by the previous owner, with him/her in relation to the transfer	ect of a period beyond the date of the transfer has already and I have made the necessary financial arrangements of this funding. (Delete this statement if inapplicable.) two copies of the DCYA contracts and return them to the ditional information required.			
Signed(Signature of new owner/Cha	Date:/			