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| HealthCert | **Notification of change of governance** |  |

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| **1. Premises** |
| Legal entity name |
| Enter legal entity name. |
| Premises name |
| Enter premises name. |
| District |
| Enter the district the premises is in. |

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| **2. Notification of change of governance** |
| Date of change |
| Enter date of change. |
| Description of change |
| Describe the changes to the governance arrangements. |

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| **3. Declaration** |

I declare that the information provided is true and correct.

|  |  |  |
| --- | --- | --- |
| Name |  | Date |
| Enter your name. |  | Enter date. |
| Designation | | |
| Enter your designation. | | |
| Phone number | | |
| Enter your phone number. | | |

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| **4. Submitting form** |

Please email the completed form to [certification@health.govt.nz](mailto:certification@health.govt.nz).

If you have any questions, please contact HealthCERT on 0800 113 813.

If you hold a contract with Te Whatu Ora, you should also send a copy of this form to your Te Whatu Ora Portfolio Manager.