Application form under the Human Tissue (Quality and Safety for Human Application) Regulations 2007 to vary a licence to replace the Corporate Licence Holder (CLH)

Please complete this form if you need to replace a Corporate Licence Holder with another corporate body or replace an individual Licence Holder with a Corporate Licence Holder.  
  
Please note, if you only need to replace the named contact on behalf of the Corporate Licence Holder, please do not use this form but instead complete the application form which can be found on the HTA website [to vary a licence to replace the Corporate Licence Holder contact under the Q&S Regulations](https://www.hta.gov.uk/policies/how-make-changes-your-licence).

If you need to replace an individual Licence Holder with another individual Licence Holder, please complete the application form which can be found on the HTA website [to replace the Licence Holder under the Q&S Regulations](https://www.hta.gov.uk/policies/how-make-changes-your-licence).

The CLHc/DI will be required to submit this application form by email to [licensing.enquiries@hta.gov.uk](mailto:licensing.enquiries@hta.gov.uk).

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| Licence number |  |
| Establishment name |  |
| Name of Designated Individual (DI) |  |
| Name of current Licence Holder (LH) or Corporate Licence Holder (CLH) |  |
| Date variation required from |  |

|  |  |
| --- | --- |
| **Details of proposed Corporate Licence Holder** | |
| Full name of new applicant Corporate Body |  |
| Trading or business name if different from name given above |  |
| Type of corporate body and relevant details | Limited company  Company registration number: |
|  | Sole Proprietor  Name and address: |
|  | Public Limited Company  Company registration number: |
|  | Charity  Charity registration number: |
|  | Partnership  Name and address of partners: |
|  | NHS Organisation  Please describe: |
|  | Other public body  Please describe: |
|  | Higher Education Institution |
|  | Other  Please describe: |
| Name and registered office of parent company, if applicable |  |
| If the body has been known by another name in the past five years, please provide details |  |
| Please explain why the corporate body is suitable for the role of the CLH |  |
| Please explain the reason for the change of CLH |  |

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| **Details of Corporate Licence Holder contact if due to change with CLH** | |
| Details of the Corporate Licence Holder contact (person authorised to sign on behalf of the corporate body) completing this application: | |
| Title |  |
| Forenames |  |
| Surname |  |
| If you have been known by another name, please give details |  |
| Email |  |
| Telephone |  |
| Job Title |  |
| Qualifications |  |
| Correspondence address if different from the licensed premises |  |
| Please explain why you think you are suitable to be the Corporate Licence Holder Contact |  |

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| **Declaration by proposed Corporate Licence Holder contact**  Any person making an application should be aware that under paragraph 7(2)(c),(d) and (g) of Schedule 3 of the Human Tissue Act 2004 (as amended by the Human Tissue (Quality and Safety for Human Application) Regulations 2007), the Human Tissue Authority may revoke a licence if it:  (a) ceases to be satisfied that the premises specified in the licence, or any third-party premises in relation to the licence, are suitable for the licensed activity(ies) or activity(ies) carried out under the third party arrangement;  (b) ceases to be satisfied that the person to whom the licence is granted is a suitable person to be the holder of the licence, and  (c) is satisfied there has been a material change of circumstances since the licence was granted.  On behalf of the applicant corporate body I understand and accept the terms and conditions under which licences are granted and varied under the Human Tissue Act 2004 and the Human Tissue (Quality and Safety for Human Application) Regulations 2007, and confirm: | |
| a) The information provided is true and accurate. | Yes  No |
| b) The Designated Individual has consented to this application. | Yes  No |
| c) I have been authorised to make this declaration on behalf of the applicant corporate body. | Yes  No |
| d) I accept that the Licence Holder is responsible under the Human Tissue (Quality and Safety for Human Application) Regulations 2007 for entering into third party agreements with any third parties that procure, test, process, distributor export tissues and/or cells for human application on behalf of the establishment, or supply any goods or services which may affect the quality or safety of tissues and/or cells. | Yes  No |
| e) I accept that the Licence Holder, the Designated Individual and the establishment must comply with any Directions issued by the Human Tissue Authority from time to time. | Yes  No |
| f) I, on behalf of the Licence Holder, acknowledge that the requirements of any Directions issued by the Human Tissue Authority from time to time represent suitable practices in the course of carrying on the licensed activity(ies). | Yes  No |
| Name of the Corporate Licence Holder contact: | Date: DD/MM/YYYY |