Application form under the Human Tissue Act 2004 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 Act](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fcontent.hta.gov.uk%2Fsites%2Fdefault%2Ffiles%2F2022-06%2FHTA-FOR-008%2520Human%2520Tissue%2520Act%2520change%2520of%2520CLH%2520variation%2520form.docx&wdOrigin=BROWSELINK).

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 Act](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fcontent.hta.gov.uk%2Fsites%2Fdefault%2Ffiles%2F2022-06%2FHTA-FOR-012%2520Human%2520Tissue%2520Act%2520Change%2520of%2520Individual%2520LH%2520Variation%2520Form.docx&wdOrigin=BROWSELINK).

The CLHc/DI will be required to submit this application form by email to licensing@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 |  |

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| **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 companyCompany registration number: |
|  | [ ]  Sole ProprietorName and address: |
|  | [ ]  Public Limited CompanyCompany registration number: |
|  | [ ]  CharityCharity registration number: |
|  | [ ]  PartnershipName and address of partners: |
|  | [ ]  NHS OrganisationPlease describe: |
|  | [ ]  Other public bodyPlease describe: |
|  | [ ]  Higher Education Institution |
|  | [ ]  OtherPlease 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 changing with the 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**Any person making an application should be aware that under paragraph 7(2)(d) and (g) of Schedule 3 of the Human Tissue Act 2004, the Human Tissue Authority may revoke a licence if it: (a) 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(b) is satisfied there has been a material change of circumstances since the licence was granted.I understand the terms and conditions under which a licence is granted and varied under the Human Tissue Act 2004 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 application on behalf of the applicant corporate body. | Yes [ ]  No [ ]  |
| Name of the Corporate Licence Holder contact: | Date: DD/MM/YYYY |