Application form under the Human Tissue Act 2004 to vary a licence to replace the Corporate Licence Holder contact (CLHc)

Please complete this form if you need to replace a Corporate Licence Holder contact with another individual due to a change of circumstances, such as change of staff, retirement, ill health, or long-term suspension from duties.

This form will need to be completed by the proposed CLHc and submitted by the Designated Individual (DI) by email to licensing@hta.gov.uk

If you need to replace an individual Licence Holder, please complete the [application to vary a licence 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) which can be found on the HTA website.

If you need to replace the Corporate Licence Holder, please complete the [Application to vary a licence to replace the Corporate 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-008%2520Human%2520Tissue%2520Act%2520change%2520of%2520CLH%2520variation%2520form.docx&wdOrigin=BROWSELINK) which can be found on the HTA website.

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

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| **Details of proposed Corporate Licence Holder Contact (CLHc)** |
| Details of the proposed Corporate Licence Holder contact: |
| Title |  |
| Forenames |  |
| Surname |  |
| If you have been known by another name, please give details |  |
| Email |  |
| Telephone |  |
| Job title |  |
| Qualifications |  |
| Please explain the reason for the change of Corporate Licence Holder contact |  |
| 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 and submitting a compliance report should be aware that under paragraph 7(2)(a) of Schedule 3 of the Human Tissue Act 2004, the Human Tissue Authority may revoke a licence if it is satisfied that any information given for the purposes of the application for a licence was in any material respect false and misleading.On behalf of the corporate body I accept the terms and conditions under which a licence will be granted 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:  | Date:  |