



Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

Isle of Man
Government

Reiltys Ellan Vannin

SURRENDER OF REGISTRATION NOTICE **Manager of a Care Service**

Name:

Registration Number:/...../.....

I hereby surrender my registration as manager of:

.....

Address of service:

.....

To be effective from: (Date)

Reason for surrendering registration:

.....

.....

.....

Signed:

Date:

Please return your registration certificate once surrender has been completed.

Registration and Inspection Unit
Department of Health and Social Care
Ground Floor, St George's Court, Hill Street, Douglas
Isle of Man
IM1 1EF

Tel: 01624 642422
Email: RandI@gov.im