



# Department of Health and Social Care

*Rheynn Slaynt as Kiarail y Theay*

**Isle of Man**  
Government

*Reiltys Ellan Vannin*

## **SURRENDER OF REGISTRATION NOTICE** **Childminder**

Name: .....

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

Address of service: .....

.....

To be effective from: ..... (Date)

Reason for surrendering registration:

.....

.....

.....

.....

I hereby surrender my registration as a childminder.

Signed: .....

Date: .....

**Please return your registration certificate once surrender has been completed.**

Registration and Inspection Team  
Department of Health and Social Care  
1st Floor, Belgravia House, 34-44 Circular Road,  
Douglas Isle of Man  
IM1 1AE

Tel: 01624 642422  
Email: RandI@gov.im