



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:

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.....

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

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