

# NHS Standard Contract Change in Control Notification

**Change in Control Notification**

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# NHS STANDARD CONTRACT - CHANGE IN CONTROL NOTIFICATION

*(To be served by the Provider on the Co-ordinating Commissioner in accordance with General Condition 36)*

|  |  |
| --- | --- |
| **CONTRACT REFERENCE** |  |
| **PROVIDER** |  |
| **CO-ORDINATING COMMISSIONER** |  |
| **Date of Change in Control** |  |
| **Date of Change in Control Notification** |  |
| **Name of entity to which Change in Control relates** |  |
| **Role of affected entity** | *(delete as appropriate and give further details as required)*  Provider/Provider’s Holding Company *(state relationship)*  Material Sub-Contractor/Material Sub-contractor’s Holding Company *(state relationship)*  (If Material Sub-contractor, state services provided) |
| **Details of Change in Control and transaction effecting Change in Control** |  |
| **Regulatory approvals required and confirmation of receipt** |  |
| List all regulators whose consent is required by Law (*delete/complete as appropriate*) | Monitor/Care Quality Commission/Charity Commission/ Other (*give details*) |
| Confirm that, from each relevant regulator whose consent is required by Law that consent has been obtained |  |
| Details of approval  *(give further details as required)* |  |
| **Consequential Changes to Provider’s operations** | *(State:*  *‘The Provider has no intention or proposal to make a consequential change to its operations.’ OR*  *‘The Provider intends or proposes to make a consequential change to its operations but that change will not have an adverse impact on its ability to provide the Services in accordance with the Contract.’ OR*  *‘The Provider intends or proposes to make a consequential change to its operations which will or is be likely to have an adverse impact on its ability to provide the Services in accordance with the Contract.’*  *as appropriate, and give details as necessary.)*  *(NB General Conditions 24.3 and 24.4)* |
| **Disposal of Provider’s Premises** | *(Either state ‘The Provider has no intention or proposal to sell or otherwise dispose of any legal or beneficial interest in the Provider’s Premises as a result of or in connection with the Change in Control’*  *OR give further details)*  *(NB General Condition 24.5)* |
| **Variations required as a result of Change in Control** | *(Refer to relevant Variation Proposal*  *OR state ‘Not applicable’)*  *(NB General Conditions 24.3 and 24.4)* |

**SIGNED BY**

**[INSERT AUTHORISED SIGNATORY’S NAME]**

**for and on behalf of the Provider**