# PART 3

	PANIES REGISTRATION OFFICE	<b>B10a</b>
	director's address or in d in relation to multiple es Act 2014	
Company number		CRO receipt date stamp and CRO barcode
Company name	Please complete using black	k typescript or BOLD CAPITALS, referring to explanatory notes
in full		
		ttion of a change to the residential address or name of an or in relation to more than one company.  act 2014.
Change of Name/ residential Address		
note one		
	Postcode:  Date change takes effect	Day Month Year
	Company number	Company name
Name & signature of director	First Name  Last Name	
The person whose address is being updated/name changed must sign the form	PPSN or IPN note three  Name registered with Depa	rtment of Social Protection for PPSN purposes (if different).
	First Name	A CONTRACTOR OF THE PROPERTY O
	Last Name Signature	Date

Presenter details		
Name		
Address		
Telephone number	Fax number	
Email	Contact Person	
DX number/Exchange	Reference number	

## NOTES ON COMPLETION OF FORM B10a

These notes should

be read in conjunction with the relevant legislation.

#### General

This form must be completed correctly, in full and in accordance with the following notes. Every section of the form must be completed. Where "not applicable", "nil" or "none" is appropriate, please state.

Where the space provided on Form B10a is considered inadequate, the information should be presented on a continuation sheet in the same format as the relevant section in the form. The use of a continuation sheet must be so indicated in the relevant section. Where another Form B10a is used as a continuation sheet, it ought not to be completed in full and certified as to do so will result in it being treated as a separate form and incurring a separate filing fee. It should be headed "Continuation Sheet".

#### note one

Give details of the name/residential address change and specify date when same took effect. The other companies whose records will be updated by the registration of the form B10a should be indicated on this form.

#### note two

This form **must** be certified by the director of the company whose information is being updated. It cannot be signed by any other individual.

### note three

A director shall include his or her personal public service number (PPSN) (or, in any case where the director does not have a PPSN, such other information concerning the identity of the director as stands determined by the Registrar for the purposes of this section). The PPSN and the name registered with the Department of Social Protection will not form part of the company record and will not be made available to the public.

The Identified Person Number (IPN) is used for the purpose of verification of a person's identity where the director does not have an Irish PPS number assigned to them.

It can be obtained by submitting Form VIF on CORE.