

**REQUEST FOR CHANGE OF CERTIFICATION DETAILS**  
**认证内容修改要求**

Company Name : \_\_\_\_\_ Certification No. : **CC**  
 公司名称 : \_\_\_\_\_ 证书号码 : **CC**  
 Contact Person : \_\_\_\_\_ Telephone : \_\_\_\_\_ Cert. Standard : \_\_\_\_\_  
 联络人姓名 : \_\_\_\_\_ 电话 : \_\_\_\_\_ 认证标准 : \_\_\_\_\_

**Section A : Revision Request 更改项目 (Please “✓” the appropriate boxes 请于适当方格内加上“✓”)**

**1. Conversion of Certification Standard 转换认证标准 :** From 由 \_\_\_\_\_ To 至 \_\_\_\_\_

**2. Accreditation Mark 认可标志 :**  Remove 删减 \_\_\_\_\_  Add 增加 \_\_\_\_\_

**3. Change of Organization Name 修改组织名称 :**

Replacement of organization name 更换组织名称  Transfer of ownership 拥有权转让

Change from unlimited liability to limited company  
“公司”变为“有限公司”  Acquisition or merge 收购或合并

Existing Company Name : \_\_\_\_\_  
 现有公司名称 : \_\_\_\_\_

New Company Name : \_\_\_\_\_  
 拟修改后公司名称 : \_\_\_\_\_

*[Please provide documentary proof 请提供证明文件]*

**4. Change of Certification Site(s) 搬迁或增加认证地点 :**

Relocation 搬迁 \*  Addition site(s) 增加认证地点

\* For relocation of Head Office, please note that the mailing and billing address of your company will also be updated in our record.

If you would like to keep the existing mailing and billing address unchanged, Please “✓” the box.

请注意, 如总办事处搬迁, 贵司之邮寄及账单地址将会一并更新。若要求维持现有之邮寄及账单地址不变, 请于以下方格内加上“✓”。

Request for keeping mailing and billing address unchanged 请不要更新邮寄及账单地址

From 由: \_\_\_\_\_ Site Address 地点地址: \_\_\_\_\_

To 往: \_\_\_\_\_ Scope 认证范围: \_\_\_\_\_

\_\_\_\_\_ Main Activities 主要活动: \_\_\_\_\_

**5. Change of Certification Scope Statement 修改认证范围 :**

Existing Statement : \_\_\_\_\_  
 现有范围 : \_\_\_\_\_

New Statement : \_\_\_\_\_  
 拟修改后范围 : \_\_\_\_\_

**6. Change of Organizational Structure (please attach organizational chart) 修改组织架构 (请附组织架构图)**

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**Information about Revision 与修改相关的资料:**

No. of employee involved in cert. scope (if more than one location, please provide the no. of employee in each location)

涉及认证范围的员工人数 (如多于一个场所, 请提供每个场所的员工人数):

From 由 \_\_\_\_\_ To 至 \_\_\_\_\_

No. of project site(s) within cert. scope 涉及认证范围的施工项目数量:

From 由 \_\_\_\_\_ To 至 \_\_\_\_\_

Planned date of implementation of new change : \_\_\_\_\_ (dd/mm/yyyy)  
预计更改项目的实施日期

I/We hereby request a change of the scope of certification. I/We agreed that an Extended Surveillance Visit (ESV), thereby extra assessor days, may be required to verify whether the new scope is in compliance with certification standard.

本公司现要求修改认证内容。本公司同意扩大监督审核可能涉及需额外审核时间, 以确立新认证范围符合认证标准的要求。

**For and on behalf of (Authorized signature & company chop 授权人签署及公司盖印)**

Signature 签署 : \_\_\_\_\_  
Name 姓名 : \_\_\_\_\_  
Title 职位 : \_\_\_\_\_  
Date 日期 : \_\_\_\_\_

Company Chop 公司盖章
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**Section B: Arrangement for change request 更改安排 ( For HKQAA Internal Use Only 仅供 HKQAA 内部使用 )**

ESV arrangement 扩大认证审核和差旅人日			Signature (Name / Date)
Audit MD		NACE	
Travel MD		Scope	