

REQUEST FOR CHANGE OF CERTIFICATION DETAILS

認證內容修改要求

Company Name 公司名稱 Contact Person 聯絡人姓名					證書號碼	: CC		
		: Telephone : 電話		Cert. Standard 認證標準	:			
Sectio	n A : Revisi	ion Request 更記		propriate boxes	請於適當方格內加上"*	(")		
	1. Convers	sion of Certifica	tion Standard 轉換認證標	準: From 由 _	To 至	<u> </u>		
	2. Accredi	itation Mark 認可	「標誌: □ Remove 刪減_		Add 增加			
	3. Change of Organization Name 修改組織名稱:							
	☐ Replace	ement of organization	n name 更換組織名稱	☐ Tran	☐ Transfer of ownership 擁有權轉讓			
	□ Change from unlimited liability to limited company "公司" 變為 "有限公司"			☐ Acquisition or merge 收購或合併				
	現有公司名和 New Compa	any Name	:					
	擬修改後公司名稱							
			[Please provide documenta	iry proor 调症快起的	<i>义作</i>]			
	4. Change of Certification Site(s) 搬遷或增加認證地點:							
	□ Relocation 搬遷 *			☐ Addition sit	e(s) 增加認證地點			
	* For relocat	tion of Head Office,	please note that the mailing an	d 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.							
	請注意,如總辦事處搬遷,貴司之郵寄及賬單地址將會一併更新。若要求維持現有之郵寄及賬單地址不變,請於以下方格內加上"✓"。							
	□ Request for keeping mailing and billing address unchanged 請不要更新郵寄及賬單地址							
	From 由:			Site Address 地點地址:				
	To 往:			Scope 認證律	<u></u>			
				Main Activitie	es 主要活動:			
	Existing Sta 現有範圍	New Statement .						
			nal Structure (please attac	h organizational	chart) 修改組織架構	(請附組織架構圖)		



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Information abo	ut Revision 與修	改相關的資料	 :	
No. of employee in	volved in cert. scop	e (if more than o	one location, please provide the no.	of employee in each location)
涉及認證範圍的員	工人數 (如多於一個	場所,請提供每個	固場所的員工人數):	
From 由			To 至	
No. of project site(s	s) within cert. scope	涉及認證範圍的	7施工項目數量:	
From 由			To 至	
Planned date of im 預計更改項目的實施	plementation of nev 奄日期	v change	:	(dd/mm/yyyy)
days, may be require	ed to verify whether	the new scope i	on. I/We agreed that an Extended is in compliance with certification sta T能涉及需額外審核時間,以確立新記	
, , , , , , , , , , , , , , , , , , , ,	,		pany chop 授權人簽署及公司蓋印)	
Signature 簽署	:			Company Chop 公 司 蓋 章
Name 姓名	:			
Title 職位	:			
Date 日期	:			
Section B: Arrang	ement for change	request 更改安	排(For HKQAA Internal Use Only	,僅供 HKQAA 內部使用)
	Signature (Name / Date)			
Audit MD		NACE		
Travel MD		Scope		