

Notification of Changes (HKAS 009 Annex VIII)

(Please tick the box or boxes below as appropriate and provide the information / supporting documents as required.)

For Office Use

(8) **Voluntary Suspension (S) and/or Termination (T) of Accredited Activities**

Please list the accredited activities where termination or suspension is requested with respective effective date. For details of the suspended/terminated tests, please provide an electronic copy of the scope similar in format and with details as in the original scope of accreditation.

Activity	S / T	Effective Date

S = suspension; T = termination

- 8.1 We confirm that we will inform/have informed our affected clients of the suspension and/or termination of the accreditation and the associated consequences within 14 calendar days.
- We confirm that we have no affected clients.

For Voluntary Termination, please indicate the following:

- 8.2 We confirm that we will remove/have removed all claims of accreditation status from our website, stationeries and promotional materials, and will stop/have stopped using the HKAS accreditation symbol, for the activities for which termination is requested by the effective date of termination, or
- We confirm that we did not use any claims of accreditation status and the HKAS accreditation symbol for the activities for which termination is requested.
- 8.3 Please let us know the reason(s) for your termination (Optional):
- No longer performing the accredited activities
- Business / Operational decision
- Others (Please specify below):

~ end of this annex ~