



Hong Kong Accreditation Service

HKAS 009 - Notification of Changes

Name of organisation: _____ Reg. No.: _____

Authorised representative: _____ Date: _____
(Name) (Signature)

Please return this form to HKAS Executive accompanied by the required supporting documents if there are any changes or intended changes in your organisation in the following aspects.

Please tick the box(es) below as appropriate and complete the relevant annex(es) of this form according to the instructions.

- | | | |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <input type="checkbox"/> | Change in ownership or name of the organisation (HKAS 002 Cl. 5.9(a)); | Annex I |
| <input type="checkbox"/> | Change in organisational structure, key staff or contact details (HKAS 002 Cl. 5.8 and 5.9(b)); | Annex II |
| <input type="checkbox"/> | Change of approved signatories, operators, inspectors (HKAS 002 Cl. 5.9(c) or reviewers (HOKLAS SC-41 Cl. 3.13, HKIAS SC-06 Cl. 3.13 or HKCAS SC-05 Cl. 3.15) and relevant supplementary criteria); | Annex III |
| <input type="checkbox"/> | Change in main organisational policies (HKAS 002 Cl. 5.9(d)); | Annex IV |
| <input type="checkbox"/> | Change in registered address or any premises of the organisation where accredited activities are to be carried out (HKAS 002 Cl. 5.9(e)); | Annex V |
| <input type="checkbox"/> | Change in working procedures and resources including personnel, equipment, facilities, working environment, where significant (HKAS 002 Cl. 5.9(f)); | Annex VI |
| <input type="checkbox"/> | Change in the nature of the work performed by an accredited organisation (HKAS 002 Cl. 5.9(g)); | Annex VII |
| <input type="checkbox"/> | Voluntary suspension and/or termination of accredited activities (HKAS 002 Cl. 6.3 and 6.11); and | Annex VIII |
| <input type="checkbox"/> | Any other matters that may affect the organisation's capability, or its scope of accreditation or its conformity with the accreditation criteria (HKAS 002 Cl. 5.9(h)). | Annex IX |

Please study carefully the relevant HKAS documents before completing this form.

HONG KONG ACCREDITATION SERVICE

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Fax : 2824 1302

E-mail : hkas@itc.gov.hk

- Notes:
1. Any personal data provided in this form will be retained and used by HKAS for accreditation purpose only. The personal data may be disclosed to members of the assessment team.
 2. It is obligatory for you to provide all the personal data requested in this form. If you do not provide sufficient information, we may not be able to process the application.
 3. The data subjects have the rights to obtain a printed copy of their own personal data held by HKAS and request for correction of their personal data. Please contact HKAS at the above address for access to and correction of your personal data.