

## Hong Kong Laboratory Accreditation Scheme

## HOKLAS 011

**Change of Authorised Representative** 

The applicant is reminded to study carefully the following documents before submitting this form :

**For all applicants:** HKAS 002

For non-medical laboratories: HOKLAS SC-33 ISO/IEC 17025: 2017 HKAS PD001

For medical laboratories: HOKLAS SC-33 HOKLAS 015

**For proficiency testing providers:** HOKLAS SC-34 HOKLAS 017: 2016

**For reference materials producers:** HOKLAS SC-39 HOKLAS 022: 2017

## HONG KONG ACCREDITATION SERVICE36/F., Immigration Tower, 7 Gloucester Road, Wanchai, Hong Kong.340Fax : 2824 1302E-mail : hkas@itc.gov.hk

Tel : 2829 4840

Remarks: 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 the applicant to provide all the personal data requested in this form. If the applicant does not provide sufficient information, HKAS may not be able to process the application.

3. The data subject has the rights to obtain a printed copy of his/her own personal data held by HKAS and to request for correction of the personal data. Please contact HKAS at the above address for access to and correction of the personal data.

	(Full name of Organisation <sup>@</sup> – See Note 1)
of	
	(Registered address <sup>@</sup> – See Note 1)
[	
	(Chief Executive – See Note 2)
HOKLAS 015 / HO hereby apply for a c	erstood the documents HKAS 002 / ISO/IEC 17025: 2017 and HKAS PD001 OKLAS 017: 2016 / HOKLAS 022: 2017* and HOKLAS SC-33 / -34 / -39 change of the authorised representative of our laboratory / proficiency testin, material producer* known as
(Name of Labo	oratory, Proficiency Testing Provider or Reference Material Producer <sup>@</sup> – See Note 3)
situated at	
(Physical add	lress of Laboratory, Proficiency Testing Provider or Reference Material Producer@)
[haraby nominata	
I hereby nominate	(Full name <sup>@</sup> – See Note 4)
as the HOKLAS au reference material pr accordance with clau accreditation and any	uthorised representative of this laboratory / proficiency testing provider roducer* and I confirm that I have delegated to him/her authority to act i uses 4.3 and 5.9 of HKAS 002 for all activities included in the current scope of
as the HOKLAS au reference material pr accordance with clau accreditation and any	uthorised representative of this laboratory / proficiency testing provider roducer* and I confirm that I have delegated to him/her authority to act i uses 4.3 and 5.9 of HKAS 002 for all activities included in the current scope of y activities for which the laboratory / proficiency testing provider / reference
as the HOKLAS au reference material pr accordance with clau accreditation and any material producer* is	athorised representative of this laboratory / proficiency testing provider roducer* and I confirm that I have delegated to him/her authority to act i uses 4.3 and 5.9 of HKAS 002 for all activities included in the current scope of y activities for which the laboratory / proficiency testing provider / reference seeking accreditation.
as the HOKLAS au reference material pr accordance with clau accreditation and any material producer* is	uthorised representative of this laboratory / proficiency testing provider roducer* and I confirm that I have delegated to him/her authority to act i uses 4.3 and 5.9 of HKAS 002 for all activities included in the current scope of y activities for which the laboratory / proficiency testing provider / reference
reference material pr accordance with clau accreditation and any material producer* is Signed	athorised representative of this laboratory / proficiency testing provider roducer* and I confirm that I have delegated to him/her authority to act in uses 4.3 and 5.9 of HKAS 002 for all activities included in the current scope of y activities for which the laboratory / proficiency testing provider / reference seeking accreditation.
as the HOKLAS au reference material pr accordance with clau accreditation and any material producer* is	Lathorised representative of this laboratory / proficiency testing provider roducer* and I confirm that I have delegated to him/her authority to act i leses 4.3 and 5.9 of HKAS 002 for all activities included in the current scope of y activities for which the laboratory / proficiency testing provider / reference seeking accreditation.

I	(Full name <sup>@</sup> )	(Position <sup>@</sup> )
(	(run name <sup>*</sup> )	(Position <sup>*</sup> )
of	(Full name of Organisation	<sup>e</sup> See Note 1)
	(Pur name of Organisation	- See Note 1)
	(Registered address <sup>@</sup> - See Not	e 1)
	S 002. I confirm that I have been de 9 of HKAS 002 in respect of activitie	
accreditation and any ad naterial producer* is se	ctivities for which the laboratory / prevention and that I will determine the set of the	roficiency testing provider / reference
accreditation and any ac material producer* is se of my ability.	ctivities for which the laboratory / prevention and that I will de	roficiency testing provider / reference
accreditation and any ac material producer* is se of my ability.	ctivities for which the laboratory / prevention and that I will de	roficiency testing provider / reference scharge this responsibility to the bes
accreditation and any ac material producer* is se of my ability.	ctivities for which the laboratory / prevention and that I will define accreditation and that I will define Date	roficiency testing provider / reference ischarge this responsibility to the bes
accreditation and any ad	ctivities for which the laboratory / prevention and that I will define accreditation and that I will define Date Telephone	roficiency testing provider / reference ischarge this responsibility to the bes
accreditation and any ac material producer* is se of my ability.	ctivities for which the laboratory / preveking accreditation and that I will define Date Telephone Fax	roficiency testing provider / reference ischarge this responsibility to the bes
accreditation and any a naterial producer* is se of my ability.	ctivities for which the laboratory / preveking accreditation and that I will define Date Telephone Fax	roficiency testing provider / referenc ischarge this responsibility to the bes
accreditation and any a naterial producer* is se of my ability.	ctivities for which the laboratory / preveking accreditation and that I will define Date Telephone Fax	roficiency testing provider / referenc ischarge this responsibility to the bes
accreditation and any a material producer* is se of my ability.	ctivities for which the laboratory / preveking accreditation and that I will define Date Telephone Fax	roficiency testing provider / referenc ischarge this responsibility to the bes
accreditation and any ac material producer* is se of my ability.	ctivities for which the laboratory / preveking accreditation and that I will define Date Telephone Fax	roficiency testing provider / referenc ischarge this responsibility to the bes
accreditation and any ac material producer* is se of my ability.	ctivities for which the laboratory / preveking accreditation and that I will define Date Telephone Fax	roficiency testing provider / referenc ischarge this responsibility to the bes

## **Explanatory Notes**

1. Name and registered address of the Organisation ...

is the name and address of the Organisation's registered office as recorded in the Companies Registry of the HKSAR, if the Organisation is a company incorporated under the Companies Ordinance (Cap. 622) in Hong Kong. For a Government Department, it is the name and address of the Government Department. For a sole-proprietorship business, the name of the Organisation shall be the name of its sole-proprietor and the name of the business marked on its business registration certificate issued under the Business Registration Ordinance (Cap. 310) while the address shall be the address shown on the same certificate. If the Organisation is not incorporated nor registered in HKSAR, the name and address of equivalent status under the law of the Organisation's place of incorporation or registration should be used.

2. Chief Executive ....

is the person within the Organisation with authority to enter into contractual arrangements on behalf of the organisation. He/She is required to accept, in a corporate capacity, responsibility for ensuring that the laboratory, proficiency testing provider or reference material producer will at all times adhere to the Regulations for HKAS Accreditation in full.

3. Name of Laboratory, Proficiency Testing Provider or Reference Material Producer....

is the name used by the Organisation to identify the laboratory, proficiency testing provider or reference material producer which performs the activities under or proposed for accreditation.

4. HOKLAS Authorised Representative ....

is the person nominated by a laboratory, proficiency testing provider or reference material producer to represent it in all matters affecting the day to day maintenance of accreditation status. He/She is therefore responsible for liaison with HKAS Executive. The roles and responsibilities of the authorised representative are described formally in HKAS 002.

HKAS Executive recommends that a laboratory, proficiency testing provider or reference material producer should nominate an individual of appropriate seniority who has a close appreciation of its activities and also a direct interest and influence in the standard of its performance as the authorised representative.

The Chief Executive may nominate himself/herself as the authorised representative.