

Name of certified organisation:

Certificate number:

This form need to be filled before next periodical/surveillance audit for changes made in your organisation since from last certified by AITF.

Method of Filling: all the fields in sections 1, 2, 3, 4, 5 and 6 are to be completed, use tick Mark (v/) whereas appropriate, where not applicable put N.A. or “ – ”

Review of change in data of organisation -

Company name: No change, IF change?

Change of organisation ownership: No change, IF change?

Change of Legal Status (Ltd / Pvt Ltd etc.): No change, IF change?

Change of Address/location/s has been certified: No change, IF change?

Addition of site/s to be covered under the audit scope (other sites to be certified and/or operational sites and/or external works, for additional details please attach annexure in the same format.) :- **No change, IF change?**

Name or type	Address of Site/s	Activity to be carried-out	Nº staff

Change in office / Communication address: No change, If change?

Telephone, Mobile: No change, IF change?

E-Mail , Web-site: No change, IF change?

Contact person: No change, IF change?

Change of certified activity (addition/Reduction) i.e. Scope of the audit: No Change, IF Change?

Change of number of employees (addition/Reduction): No Change IF Change?

If there are changes please split- up employee information as per following chart, Location (Unit)/ Shifts wise:

Site/S	Department	General Shift		Shift I		Shift II		Shift III	
		Per.	Cas.	Per.	Cas.	Per.	Cas.	Per.	Cas.
Name or type:	Administration (Incl. Mktg. / Others)								
	Design								
	Production (Incl. Quality)								
Name or type:	Administration (Incl. Mktg. / Others)								
	Design								
	Production (Incl. Quality)								
Total N° Employee									

For additional sites please attach annexure in the same format.

Have consultancy services or in-house training been performed after certified by AITF on the subject of ISO 9001: Yes no

If yes, by whom? :

Note –

- Surveillance manday will be decided with considering present information of the organisation status.
- Any change in organisation production/Service realisation Process flow, organisation brochure, and customer specific requirements, please enclose with this form.

We herewith confirm the completeness and accuracy of the change of information given above.

Sign with duly stamped	Name:
	Designation:
	Date:

FOR COMMUNICATION TO AITF- REGISTERED OFFICE ADDRESS:

AITF MANAGEMENT CERTIFICATION LIMITED
 Devi Indrayani Wing B 26, Gat No. 382+3+4/1, Talawade, Pune – 411 062. Maharashtra, India.

OFFICE PHONE  020 65116677, WEB SITE – www.aitf.co.in

Communication MAIL ID – aitfmcl@gmail.com
 (CERTIFICATION MANAGER)

FOR AITF REVIEW :

Sign of reviewer (AITF)