REQUEST FOR VARIATIONS/CHANGES TO CONTACT DETAILS

AND ADMINISTRATIVE DATA

# NAME OF THE CAB[[1]](#footnote-1) REQUESTING VARIATIONS:

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| --- | --- |
|  | |
| REFERENCE: | CODE: |

# NAME OF OWNED ACCREDITATION SCHEME:

|  |  |  |
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| **UNI CEI EN ISO/IEC 17025** | **UNI EN ISO 15189** | **UNI CEI EN ISO/IEC 17043** |

# MOTIVE FOR THE REQUEST:

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| 1a. CHANGE OF NAME WITHOUT VARIATION OF VAT NUMBER |
| Change of name of the CAB without variation of VAT number  Liquidation  Bankruptcy  Other insolvency procedures (e.g. arrangement with creditors)  Other (specify) |
| 1b. CHANGE OF NAME WITH VARIATION OF VAT NUMBER (VARIATION OF OWNERSHIP OF THE ACCREDITATION) |
| Merger  Separation  Corporate changes (e.g. legal status)  Company transfer  Transfer of company branch  Cessation of company  Sale of business unit  Rental of branch business unit  Other (specify) |

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| 2. VARIATION OF REGISTERED OFFICE AND/OR LOCATION |
| Variation of registered legal address  Variation of operative address without location transfer (e.g. change of place name)  Variation of operative address with location transfer  Variation of contact details  Other (specify) |

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| 3. CHANGES TO THE CAB’s ORGANIZATIONAL SET-UP |
| Change of legal representative of the CAB  Change of manager of the CAB (or substitute)  Change of QMS manager of the CAB (or substitute)  Change of ACCREDIA contact  Change of persons authorized to sign and issue test reports/reports  Other (specify) |

# DATA OF THE REQUEST AND ATTACHED DOCUMENTS:

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| --- | --- |
| CHANGE OF NAME (ref. points 1a and 1b) | |
| PREVIOUS NAME: |  |
| NEW NAME:  VAT NUMBER/FISCAL CODE: |  |
| NEW ADMINISTRATIVE DATA | Code of the recipient:  cem: |
| New department of the CAB and address/es to place on the certificate of accreditation  *(the Chamber of commerce register must include as identifier of the operative location or “sign” or otherwise explicit in the CAB’s statutory/operative documents)* |  |
| DATE OF MODIFICATION OF NAME: |  |
| DATE OF ENTRY INTO FORCE OF NEW NAME: |  |
| ATTACHMENTS: | Chamber of Commerce profile  Official deed  Merger/separation project  Rental contract (with expiry date)  Communication of liquidation and report of extraordinary meeting  Communication of bankruptcy  Communication of agreement  Organization chart  Other (specify) |

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| CHANGE OF LOCATION (ref. point 2) | |
| ADDRESS OF NEW REGISTERED LOCATION | via n.  cap:  Comune:  Provincia: |
| ADDRESS OF NEW OPERATIVE LOCATION | via n.  cap:  Comune:  Provincia: |
| ADDRESS OF NEW LOCATION FOR INVOICING | via n.  cap:  Comune:  Provincia: |
| NEW CONTACT POINTS | ACCREDIA email contact:  CAB email:  cem:  fax:  tel:  other contact points: |
| ATTACHMENTS: | Chamber of commerce profile  Layout plan of new location, including equipment and, if relevant, an indication of the sampling procedures (from receipt to test to disposal)  Calibration and/or test/commissioning certificates of test equipment relating to accredited tests  Other (e.g. photographs, environmental controls) |

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| VARIATION TO THE CAB’s ORGANIZATIONAL STRUCTURE (ref. point 3) | |
| NEW LEGAL REPRESENTATIVE |  |
| NEW MANAGER (or substitute) |  |
| NEW QMS MANAGER OF THE CAB (or substitute) |  |
| NEW ACCREDIA CONTACT |  |
| NEW PERSONS AUTHORIZED TO SIGN AND ISSUE TEST REPORTS/REPORTS |  |
| ATTACHMENTS: | Chamber of commerce profile  Organization chart  Curriculum Vitae (dated, signed with authorization for processing of data) |

**NOTE**

This document, signed by the legal representative2 must be sent to the competent Technical Officer and, in the case of a transfer of the ownership of accreditation, also to the relevant staff of the Dept. of Testing Laboratories ([anagraficadl@accredia.it](mailto:anagraficadl@accredia.it)) for assessment and invoicing activities.

The above activities shall also be in accordance with the current versions of RG-02 and RG-14.

**DECLARATION**

I declare that I fully accept the provisions of the applicable ACCREDIA documents, including the TA-00 Accreditation pricelist.

I expressly declare to accept the content of the Accreditation Agreement (CO) and to undertake to sign it, in the cases provided for, without requesting any modification.

I also declare to accept, in accordance with art. 13 of the European Data Processing Regulation n. 2016/679 - GDPR, the processing of the data contained in this document for the purposes of the accreditation process carried out by ACCREDIA, the Data Controller, and, specifically, that the above information may be used by ACCREDIA for accreditation, administrative, international and European recognition both in the voluntary and in the regulated sectors of EA, IAF and ILAC. This information may be communicated and made available to the competent authorities, if requested. To exercise the rights provided for in Articles 15 to 22 of the GDPR, it is possible to write to privacy@accredia.it. ACCREDIA has appointed a Data Protection Officer who can be contacted at dpo@accredia.it. If this is done, ACCREDIA undertakes to notify the applicant organization in the manner and within the timelines indicated by the relevant authorities.

Finally, I declare that the CAB is in possession of all the authorizations required by law for the exercise off the activities required under accreditation.

Date: \_\_ / \_\_ / \_\_\_\_

Stamp of the CAB

Name and signature of the legal representative[[2]](#footnote-2)

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1. “CAB” refers, for the Department of Testing Labs, to testing laboratories, medical laboratories, and proficiency testing providers (PTPs). [↑](#footnote-ref-1)
2. Legal Representative or delegate. In the event of a change in the legal entity, the document must be signed by the Legal Representative of the succeeding legal entity. [↑](#footnote-ref-2)