

## REQUEST FOR VARIATIONS/CHANGES TO CONTACT DETAILS AND ADMINISTRATIVE DATA

**NAME OF THE CAB<sup>1</sup> REQUESTING VARIATIONS:**

REFERENCE:	CODE:

**NAME OF OWNED ACCREDITATION SCHEME:**

- UNI CEI EN ISO/IEC 17025     
  UNI EN ISO 15189     
  UNI CEI EN ISO/IEC 17043

**MOTIVE FOR THE REQUEST:**

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

<sup>1</sup> "CAB" refers, for the Department of Testing Labs, to testing laboratories, medical laboratories, and proficiency testing providers (PTPs).

<input type="checkbox"/> <b>2. VARIATION OF REGISTERED OFFICE AND/OR LOCATION</b>
<input type="checkbox"/> Variation of registered legal address <input type="checkbox"/> Variation of operative address without location transfer (e.g. change of place name) <input type="checkbox"/> Variation of operative address with location transfer <input type="checkbox"/> Variation of contact details <input type="checkbox"/> Other (specify)

<input type="checkbox"/> <b>3. CHANGES TO THE CAB's ORGANIZATIONAL SET-UP</b>
<input type="checkbox"/> Change of legal representative of the CAB <input type="checkbox"/> Change of manager of the CAB (or substitute) <input type="checkbox"/> Change of QMS manager of the CAB (or substitute) <input type="checkbox"/> Change of ACCREDIA contact <input type="checkbox"/> Change of persons authorized to sign and issue test reports/reports <input type="checkbox"/> Other (specify)

**DATA OF THE REQUEST AND ATTACHED DOCUMENTS:**

<b>CHANGE OF NAME (ref. points 1a and 1b)</b>	
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 <i>(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)</i>	
DATE OF MODIFICATION OF NAME:	
DATE OF ENTRY INTO FORCE OF NEW NAME:	
ATTACHMENTS:	<input type="checkbox"/> Chamber of Commerce profile <input type="checkbox"/> Official deed <input type="checkbox"/> Merger/separation project <input type="checkbox"/> Rental contract (with expiry date) <input type="checkbox"/> Communication of liquidation and report of extraordinary meeting <input type="checkbox"/> Communication of bankruptcy <input type="checkbox"/> Communication of agreement <input type="checkbox"/> Organization chart <input type="checkbox"/> Other (specify)

<b>CHANGE OF LOCATION (ref. point 2)</b>	
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:	<input type="checkbox"/> Chamber of commerce profile <input type="checkbox"/> Layout plan of new location, including equipment and, if relevant, an indication of the sampling procedures (from receipt to test to disposal) <input type="checkbox"/> Calibration and/or test/commissioning certificates of test equipment relating to accredited tests <input type="checkbox"/> Other (e.g. photographs, environmental controls)

<b>VARIATION TO THE CAB's ORGANIZATIONAL STRUCTURE (ref. point 3)</b>	
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:	<input type="checkbox"/> Chamber of commerce profile <input type="checkbox"/> Organization chart <input type="checkbox"/> Curriculum Vitae (dated, signed with authorization for processing of data)

**NOTE**

This document, signed by the legal representative<sup>2</sup> 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](mailto:privacy@accredia.it). ACCREDIA has appointed a Data Protection Officer who can be contacted at [dpo@accredia.it](mailto: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<sup>2</sup>

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<sup>2</sup> 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.