Organization:	
Address:	
Certificate ID:	
Head of organization, contact details:	
Contact person's name and contact details:	

I declare that, since the last audit - conducted at our organization - significant change(s)

☐ has (have) not happened. By signing this document, I request that the due audit be carried out

☐ has been **carried** out, as follows.

Taking into account the changes reported below, I request a review of the relevant quotation and, if applicable, a new one.

Change	Description of change
Scope of application of the management system	
Quality management system documents	
Address	
Location(s)	
Organizational structure	
Management	
Number of employees involved in certification	
Quality management representative	
Product range	
Manufacturing technologies used	
Subcontractors, suppliers	
Other changes	

Change Notification			
Name	Pozition	Date	Signature

To be completed by NoBoMed!			
Job number:			
Assessment of changes:			
Conclusions			
By the changes, reported by the customer, the fee calculation is:	☐ to be modified	☐ not to be modified	
Issuing a new price quote:	☐ is necessary	☐ is not necessary	
Extraordinary audit:	☐ necessary	☐ not secessary	
To be checked during a surveillance audit:	☐ yes	☐ no	

Prepared by			
Name	Pozition	Date	Signature