

When there is any change of contact person (or billing address), please fill in the form below and return the completed form to us by fax.

To: Assessment Center, Management Systems Sector
Japan Quality Assurance Organization (JQA)
FAX:+81-3-4560-5760 (TEL:+81-3-4560-5710)

REQUEST FOR CHANGE THE CONTACT

Application/Certification Number: JMI/JQA-
 (Please make sure to fill in the relevant Application/Certification Number)

Name of Organization: _____

【Contact person change information】 *please complete the following items.

Name of Organization			
Name of Site/Plant			
Section/Position			
Name of Person in charge			
E-mail			
TEL		FAX	
Address			

【Billing Address change information】 *If same as the above, please write "same as the above".

Name of Organization			
Name of Site/Plant			Are bills required to be addressed to any specific person? <input type="checkbox"/> Yes <input type="checkbox"/> No * If no, bills will be sent to the division or department in charge.
Section/Position			
Name of Person in charge	(When there is change) →		
TEL		FAX	
Address			

The date of your request for change: (Month) _____ (Day) _____ (Year) _____

Name of the person who completed this form: _____

(TEL: _____)

When there is any change made to the contents of your registration certificate (organization name, address, etc.), please apply using the "APPLICATION FOR CHANGE IN REGISTERED CONTENTS".

Personal information filled in by clients will be used when we communicate and coordinate for the implementation of our assessment and registration services for which clients have applied as well as when we offer guidance and information on other and new services we provide.

JQA will manage clients' personal information in accordance with relevant laws and our bylaws.

—JQA USE ONLY—

事業推進	認証業務課	