To: Japan Food Safety Management Association

\_\_ \_\_, \_\_\_

**Application for Change of Registered Matters of Audit Company for JFS Audit and Conformity Assessment Business**

|  |  |  |
| --- | --- | --- |
| Applicant company | Name: |  |
| (State registration information) | Address: | 〒 |
|  |  |  |
|  | Title of representative: |  |
|  | Name of representative: |  |

We change the registered matters of audit company for JFS audit and conformity asessment business as follows.

(Only the changed parts shall be filled in.)

Description

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Matters concerning the applicant corporation (enter the name of the corporation. It does not have to be the same as the name in the registry.) | | | | | | | | | | | | | |
| Name: | | | | | |  | | | | | | | |
| Abbreviated name: | | | | | |  | | | | | | | |
| Representative: | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | |
| 1. Title and name of top management (business manager having execution responsibility for the quality of audits and conformity certification) | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| 1. Address of the headquarters or principal office : | | | | | | | | | | | | | |
|  | | 〒 | | | | | | | | | | | |
|  | | | | TEL: | ( ) - | | | | FAX: | ( ) - | | |  |
|  | | | | URL: |  | | | |  |  | | |  |
|  | | | | | | | |  | | | | |  |
| 1. Contact information for this application : | | | | | | | | | | | | | |
|  | | 〒 | | | | | | | | | | | |
| 1. Main: Department/title | | | | | | |  | | | | Name |  | |
|  | | | | TEL: | ( ) - | | | | FAX: | ( ) - | | |  |
|  | | | E-mail: | |  | | | | |  | | |  |
| 1. Sub: Department/title | | | | | | |  | | | | Name |  | |
|  | | | | TEL: | ( ) - | | | | FAX: | ( ) - | | |  |
|  | | | E-mail: | |  | | | | |  | | |  |
| 1. Person in charge of accounting (address to which invoice should be sent) : | | | | | | | | | | | | | |
|  | | 〒 | | | | | | | | | | | |
| Position/title | | | | |  | | | | | | Name |  | |
|  | | | | TEL: | ( ) - | | | | FAX: | ( ) - | | |  |
|  | | | E-mail: | |  | | | | |  | | |  |
|  | | | | | | | | | | | | | |
| 1. Matters concerning registration application of audit company for JFS audit and conformity certification business | | | | | | | | | | | | | |
| 1. Sector and subsector for which application is made | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

3. Matters related to business office where audit and conformity assessment activities are conducted

1) Place of business of organization pertaining to audit and conformity certification

Whether place of business other than the headquarters/principal office relating to audit and conformity assessment exists in the sector and subsector applied. If "yes" is selected, the name, address, etc. of the place of business shall be stated in "attachment 1" to this application and it shall be attached.

|  |  |
| --- | --- |
| □ Yes | □ No |

　Attachment 1

**Information on place of business of audit company pertaining to audit and conformity assessment business**

Please increase the number of rows in this table and fill in as necessary or provide a separate table containing similar statements.

|  |  |  |
| --- | --- | --- |
|  | Information on place of business | |
| 1 | Name : |  |
|  | Address : |  |
|  |  |  |
|  | Activities : |  |
|  |  |  |
|  |  |  |
| 2 | Name : |  |
|  | Address : |  |
|  |  |  |
|  | Activities : |  |
|  |  |  |
|  |  |  |