

Existing Company Details

Certificate no.

Registered company name

Registered company no.

Company VAT no.

Registered Address

Street

City

County

Postcode

Requested Change

What is the change needed (e.g. additional site added to certification, change of entity covered by certification, a group structure to now be covered by certification etc.)

Registered company name

Registered company no.

Company VAT no.

Approximate annual turnover

Total no. employees

Number of UK offices

Number of staff at each site

Number of overseas offices
(if applicable)

Scope of Certification required

Has your management system been amended to reflect requested change(s) required

(if no, do you require a quote to update the management system to reflect changes required)

Table of new set up

Please complete for each site and/or entity

Legal Entity name	Company registration number	Staff members	Total number of sites & addresses	Services/Products Offered	Activities undertaken to offer these services/products?	Approx. annual turnover	Do all entities follow the same policy, procedures? If not, please confirm the differences.	Group Structure (i.e. parent company, or subsidiary)

Site Information (All addresses that you require to be certified)

Registered Address

Address to be displayed on the certificate(s)

Street

City

County

Postcode

Main Site/Head Office

Address to be displayed on the certificate(s)

Street

City

County

Postcode

Site 2 (if applicable)

Address to be displayed on the certificate(s)

Street

City

County

Postcode

Site 3 (if applicable)

Address to be displayed on the certificate(s)

Street

City

County

Postcode

Service information

Do you require transition to maximise the benefits of Atlas Full from Atlas Lite	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have an up-to-date management system, that Citation ISO Certification created?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you made any significant changes and/or to your management system since the original version was first implemented?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you aware that by completing the transition the structure of the system will change from clause-based to process-based? (if applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the current management system an integrated management system?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Contact Details

Main Contact

Title	<input type="text"/>	Full Name	<input type="text"/>
Tel	<input type="text"/>	Email	<input type="text"/>
Position	<input type="text"/>		

Signature

Date