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| Logo Small | **NOTIFICATION OF CHANGE** |

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| **Information and instructions**   1. The following information is required by the NAB-MALTA in fulfilment of Clause 5 of **RAB01** (Accreditation General Regulations) and the requirements of **RAB02** (The Use of the Accreditation Symbol, Text Reference to Accreditation and Reference to EA MLA Signatory Status). 2. All information requested in this form shall be provided in full as soon as it becomes available. In any event, this application shall be filled in and submitted to NAB-MALTA before the effective operations date of the change. 3. A form shall be filled in for each different “notification of change”. Different notification of changes cannot be collated in just one form. 4. This NoC form shall be typed and submitted in electronic format (Word document format). The form, together with the additional information as requested in this form, shall be sent either *via* email, via a cloud drive link or on digital media. The information shall be submitted to [info@nabmalta.org.mt](mailto:info@nabmalta.org.mt). 5. All information containing personal data shall be processed in line with the GDPR. 6. Notifications of change will not be accepted if these are not properly filled in or are included under the wrong category of change. 7. The submission of critical and/or various notifications of changes close to the date of a scheduled assessment date may lead to a suspension of the assessment activity. 8. Fees shall be charged for the processing of notification of changes. The fee charged shall depend on the time needed to administer and process the change. Technical experts may be involved in the process. 9. In case of any doubt or query, please contact the NAB-MALTA by sending ane-mail to [info@nabmalta.org.mt](mailto:info@nabmalta.org.mt). |

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| **BASIC DETAILS OF CAB NOTIFYING THE CHANGE** | | | |
| 1 | **CAB Name*:*** | | |
| 2 | **NAB-MALTA Registration Number:** | | |
| 3 | **Effective date of change in CAB:** | | |
| 4 | **Type of Change** (mark **one** as appropriate) \* | | |
| Change in Legal Entity/Ownership/Name |  | [*Complete Section A*](#_Section_A_:) |
| Change to Key Personnel |  | [*Complete Section B*](#_Section_B_:) |
| Change to Equipment (including software) |  | [*Complete Section C*](#_Section_C_:) |
| Request for change to the accreditation scope |  | [*Complete Section D*](#_Section_D_:) |
| Change to CAB location |  | [*Complete Section E*](#_Section_E_:) |
| New/Change of use of the NAB-MALTA accreditation symbol or reference to accreditation |  | [*Complete Section F*](#_Section_F_:) |
| Change to organisation chart and roles |  | [*Complete Section G*](#_Section_G:__1) |
| Other change |  | [*Complete Section*](#_Section_G:_) *H* |
| **\*Note:** Separate NABG11 forms must be submitted for each different type of change. Make sure that the correct category of change is selected and that all the appropriate information is submitted. | | | |

| Section A: Change in Legal Entity / Ownership / Name |
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| 1 | **Current CAB Name*:*** |
| 2 | **Change to Ownership**  *Note: Where the legal entity changes, this will result in resignation of the existing NAB-MALTA registration number and award of a new registration number.* |
| **Existing ownership:**  **Company registration number:** |
| ***New ownership:***  ***New Company registration number:*** |
| 3 | **Change to Name**  **New CAB Name:** |

*For changes to* ***legal entity/ownership/name personnel****, the CAB shall comprehensively provide* ***the following documentation****:*

*The CAB shall comprehensively provide the following documentation in one folder:*

1. *Memorandum, articles of association and other notification to Malta Business Registry (MBR), including MBR rubber stamp*
2. *Organisation chart*
3. *CAB’s risk and impact analysis and corresponding actions to cover effects on:*
   1. *impartiality/independence,*
   2. *customer service,*
   3. *ability to continue to provide accredited services,*
   4. *business continuity,*
   5. *effective implementation of the change,*
   6. *any other relevant aspect.*

*This evidence shall be submitted in folder structure as per the above numbering.*

| Section B: Change to Key Personnel |
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| **Description of change to key personnel. Explain why the person is considered as “key personnel” and his/her key role within the accreditation process.**  Note: *Key personnel are normally decision makers (e.g., Technical Manager, Quality Manager), members of top management and members of committees. In certain circumstances, specific technical personnel may also be considered as key personnel.* |
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*For changes to* ***key personnel****, the CAB shall comprehensively provide* ***the following documentation*** *for each key personnel changed:*

1. *The job description of the role;*
2. *The CV and proof of the relevant qualifications of the person appointed (MQRIC equivalence certificates shall be submitted);*
3. *The competency assessment and authorisation of the person appointed in relation to the accredited conformity assessment activities;*
4. *The training plan for the role of the person appointed in relation to the accredited conformity assessment activities;*
5. *The effective date of appointment;*
6. *Updated copy of the organisation chart;*
7. *CAB’s risk and impact analysis and corresponding actions specifically linked to this change in personnel, to cover effects on:*
   1. *impartiality/independence,*
   2. *customer service,*
   3. *ability to continue to provide accredited services,*
   4. *business continuity,*
   5. *effective implementation of the change,*
   6. *any other relevant aspect.*

*Note: The risk and impact analysis should not be a generic description of risks related to a turnover of staff but should be linked specifically to the change in personnel filling in key roles.*

*This evidence shall be submitted in folder structure as per the above numbering.*

| Section C: Change to Equipment (including software) |
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| **Description of changes to key/critical equipment (including software systems)** |
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*For changes to* ***equipment****, the CAB shall provide* ***the following documentation****, where applicable:*

1. *Validation records*
2. *Staff training records*
3. *Installation and service continuity plan*
4. *Calibration and maintenance record*
5. *CAB’s risk and impact analysis and corresponding actions, to include effects on:*
   1. *customer service,*
   2. *ability to continue to provide accredited conformity assessment activities,*
   3. *business continuity,*
   4. *effective implementation and management of the change,*
   5. *any other relevant aspect.*

*This evidence shall be submitted in folder structure as per the above numbering.*

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| Section D: Request for change to the accreditation scope |

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| **Description of requested change to the accreditation scope and justification** |
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| **In the below section, specifically indicate the proposed change in scope *(select applicable type of CAB)*** |
| *For testing laboratory:*   |  |  |  |  | | --- | --- | --- | --- | | **Material/Product/ Matrix tested** | **Type of test, parameter/component/characteristic measured, range of measurement, equipment** | **Applicable EC directives or regulations, Standard specifications/In-house methods/Techniques** | **Location** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| *For Calibration Laboratory:*     |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Measured Quantity Instrument or Gauge** | **Range** | **Calibration and Measurement Capability (CMC)** | **Calibration or**  **measurement**  **method or**  **procedure** | **Remarks** | **Location** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |
| *For Inspection body:*   |  |  |  |  | | --- | --- | --- | --- | | **Field of Inspection** | **Type and Range of Inspection** | **Methods and Procedures** | **Location Code** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

*For* ***changes in accreditation scope****, the CAB shall comprehensively provide* ***the following documents*** *for each method to be changed****:***

1. *A copy of the revised method/s;*
2. *A gap analysis between the current accreditation scope and the newly proposed accreditation scope;*
3. *Impact/change analysis including any impact on the scope of accreditation (for e.g., if the change being requested has an effect on any other assessment activity within the scope of accreditation. For e.g., a request for a reduction in the scope of accreditation may be the result of a decrease in human resources which in turn may affect other activities listed in the scope of accreditation);*
4. *Other necessary information and evidence as deemed necessary.*

*This evidence shall be submitted in folder structure as per the above numbering.*

***Note: Where a request to a change to scope is a result of a change in or new technical competence, then the CAB shall submit an extension to scope application form (NABAF01/E) and not a notification to change.***

| Section E: Change in location of the CAB |
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| **Description of change in location** |
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*For* ***change******in******location****, the CAB shall comprehensively provide in one folder all the following**documents:*

1. *New layout, clearly identifying the areas where the accredited conformity assessment activities take place;*
2. *CAB’s risk and impact analysis and corresponding actions, to include effects on:*
   1. *independence/impartiality;*
   2. *customer service,*
   3. *ability to continue to provide accredited conformity assessment activities,*
   4. *business continuity,*
   5. *transition plan;*
   6. *effective implementation and management of the change,*
   7. *access control;*
   8. *confidentiality;*
   9. *suitability of environmental conditions;*
   10. *any other relevant aspect.*

*This evidence shall be submitted in folder structure as per the above numbering.*

| Section F: New/Change of use to the accreditation symbol or reference to accreditation |
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| **Description of new/change of use to the accreditation symbol or reference to accreditation** |
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*The CAB shall provide in one folder the following documentation:*

1. *Copies of documents where the accreditation symbol or reference to accreditation will be made.*

| Section G: Change to Organisation Structure |
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| **Description of change to organisation structure, identification of new roles.** |
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*For changes to* ***organisation structure****, the CAB shall comprehensively provide in one folder all the following documentation:*

1. *Updated organisation chart*
2. *Job descriptions of any new roles introduced or changed;*
3. *The competency assessment and authorisation of the person appointed in the various roles.   
   (Note: If these changes are related to key personnel, a notification of change for Change to Key Personnel shall be completed).*
4. *The training plan for the role of the person appointed in relation to the accredited conformity assessment activities;*
5. *CAB’s risk and impact analysis and corresponding actions specifically linked to this change, to cover effects on:*
   1. *impartiality/independence,*
   2. *customer service,*
   3. *ability to continue to provide accredited services,*
   4. *business continuity,*
   5. *transition plan,*
   6. *effective implementation and management of the change,*
   7. *any other relevant aspect.*

*This evidence shall be submitted in folder structure as per the above numbering.*

| Section H: Other Change |
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| **Note:** Refer to **Section 5 of RAB01** for any other change which may need to be notified to NAB-MALTA. (Examples include critical changes to procedures, temporary loss of key personnel, etc...) |
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*For any change, the CAB shall submit a risk and impact analysis and corresponding actions.*

**For NAB-MALTA Internal Use Only**

**NAB-MALTA Internal Review**

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| **Notification of Change Number:** |

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| **Review, conclusions, and recommendation of NAB-MALTA Officer following consultation with the assessment team (where necessary):** |
| **Date when notification of change was received:** |

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| **NAB-MALTA Officer:** | **Date:** | **NoC Review time (approx.):**  **TL:**  **TA/TE:** |

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| **Review by NAB-MALTA Director** |
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| **NAB-MALTA Director:** | **Date:** |