(Annex-A)

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| **APPLICATION FORM FOR INTIMATING** | | | |
| A. Request for the changes as per details below (Please tick the appropriate) | | | |
| 1. CHANGE IN NAME OF UNIT  (pl see col B below) | YES | NO | proof of change of name to be mandatorily submitted |
| 2. CHANGE IN ADDRESS  (pl see col C1 and C2 below) | YES | NO | proof of change of address to be mandatorily submitted |
| 3. CHANGE IN MANAGEMENT COMPOSITION  (pl see col D below) | YES | NO | proof of change of management to be mandatorily submitted along with the affidavit and nomination , if applicable |
| 4. DIVISION OF THE FIRM  (pl see col E below) | YES | NO | proof of change of division to be mandatorily submitted |
| 5.MERGER OR EXTENSION OF FACILITIES  (pl see col F below) | YES | NO | proof of change of merger to be mandatorily submitted |

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| Existing Registration Numbers: | |  | | |
| B. NEW MANUFACTURING UNIT NAME: | | | | |
| COMPANY NAME:  (please enclose copy of proof of change) | |  | | |
| C1. NEW OFFICE DETAILS:  (please enclose copy of proof of change) | | | | |
| Address 1: |  | | | |
| Address 2: |  | | | |
| Address 3: |  | | | |
| City |  | | State: |  |
| Pin Code: |  | | Country: |  |
| e-mail Id: |  | | Ph. No.: |  |
| C2. NEW FACTORY DETAILS:  (please enclose copy of proof of change) | | | | |
| Address 1: |  | | | |
| Address 2: |  | | | |
| Address 3: |  | | | |
| City |  | | State: |  |
| Pin Code: |  | | Country: |  |
| e-mail Id: |  | | Ph. No.: |  |
| D. CHANGE IN MANAGEMENT COMPOSITION:  (Name of new CEO/MD/Partners) | | | | |
| Name 1: |  | | | |
| Name 2: |  | | | |
| Name 3: |  | | | |

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| E. DIVISION OF THE FIRM (please specify the nature of change and submit applicable supporting documents) |
| F. MERGER OR EXTENSION OF FACILITIES (please specify the nature of change and submit applicable supporting documents) |
| G. DECLARATION  I hereby declare and agree:   1. That all the information given in this form are true, correct, updated and no information has been withhold/concealed in this respect. 2. In case of information is found to be false/incomplete/misleading BIS shall reserve the rights to reject my request for change of status in case of deficiencies are not cleared by me. 3. There has been no other change than the changes indicated above. 4. I understand it is my responsibility to inform BIS in case of subsequent change of status of the company as may be required by BIS. 5. I undertake that there is no change in the manufacturing process/components/manufacturing machinery, test equipments.\* 6. I hereby certify that I am authorized to verify and sign this declaration.   Name of CEO/MD/Partners Signature  Authorized Representative  \*(in case there is change kindly provide additional information to BIS separately) |
| H. AUTHORISATION TO SIGN ON BEHALF OF THE COMPANY  I hereby authorise Mr/Ms……………………………….whose signature is attested below to sign the document and represent on behalf of the company.  Signature of Authorised Representative  Attested by CEO/MD/Proprietor/Partners  Signature by CEO/MD/Proprietor/Partners  Name……………………………………. |
| Please note:  Before completing this form, refer to the guidelines for STRUCTURE OF MANUFACTURING UNIT as given in BIS website.  Use this form to notify BIS of any updates to your information. This form is available at crsbis.in. The provider must notify all changes to BIS immediately.  For any change in your legal entity, address or check mailing address, you must submit an updated request with an original signature.  Registered manufactures are reminded that Registration numbers are not transferable. Approval of application for new site may be required when there is a change to the “Registered Address” indicated in license document.  Please note that BIS will not be able to process changes to legal entity addresses or that are not accompanied by supporting documents and application form with an original signature. |