The Date the Change Took Place/Will Take Place: …./…./….

The Location of Halal Conformity Assessment Body (HCAB) in which the change took place:

Central Office: [ ]  Branch Office: [ ]  Affiliation/Representative of HCAB: [ ]

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| *A.1. HCAB's Updated/Recently Updated Legal Information* |
| Address: …………………………………………………………………………………………………………….……..........…….………………………………………………………….…………………………………………………………….…Name-Identity of the Halal Conformity Assessment Body: …………………………………………………………………………………………………………………….City: ………………………………..…… Postcode: …………….……………… Country*:* ……….………………….Telephone (incl. area code): ………………………………...... Fax:…….............................E-mail: …………………………………............................ Website: ....................................................................................Tax Office: .............................................. Tax No:…………………………………… |
| *A.2. HCAB's Legal Information Before the Change*  |
| Address: …………………………………………………………………………………………………………….……..........…….………………………………………………………….…………………………………………………………….…Name-Identity of the Halal Conformity Assessment Body: …………………………………………………………………………………………………………………….City: ………………………………..…… Postcode: ………….……………… Country*:* ……….………………….Telephone (incl. area code:………………………………...... Fax:……….............................E-mail: …………………………………............................ Website: ....................................................................................Tax Office: .............................................. Tax No……………………………………… |

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| *B.1. HCAB's Updated/Recently Updated Organization Information* |
| Owner of the Halal Conformity Assessment Body:Name:Surname:Date of Birth:ID Number:* *In case of multiple legal owners, this information must be filled in for each person.*

*If a legal entity is the legal owner of the body, the legal entity's full name, contact address and tax number must be provided.* |
| Person authorized to represent and bind the organization:Name:Surname:Date of Birth:ID Number:*If there is more than one authorized person, this information must be filled in for each person.* |
| *Legal Status of the Halal Conformity Assessment Body*:Public Body [ ]  Corporation [ ] Foundation [ ]  Limited Company [ ]  Association [ ]  Other (Specify): ……………. [ ] Organization as a Public Institution [ ]  |
| *B.2 HCAB's Organization Information Before the Change* |
| Legal Owner of the Halal Conformity Assessment Body:Name:Surname:Date of Birth:ID Number:* *In case of multiple legal owners, this information must be filled in for each person.*

*If a legal entity is the legal owner of the body, the legal entity's full name, contact address and tax number must be provided.* |
| Person authorized to represent and bind the organization: Name:Surname:Date of Birth:ID Number:*If there is more than one authorized person, this information must be filled in for each person.*  |
| *Legal Status of the Halal Conformity Assessment Body*:Public Body [ ]  Corporation [ ] Foundation [ ]  Limited Company [ ]  Association [ ]  Other (Specify): ……………. [ ] Organization as a Public Institution [ ]  |

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| C.1. Does the HCAB have/anticipate any key personnel, equipment and/or device change? Yes: [ ]  No: [ ]  |
| If your answer is *Yes*, please provide detailed information about the personnel, equipment, and device subject to change. |
| Other details to be shared regarding the changes (if any): |

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| C.1. Which situation does the change occurring in your organization best fit for in the “Notification Form for Critical Changes”? *(Multiple selections are possible)*A: [ ]  B: [ ] C: [ ]  D: [ ] E: [ ]  F: [ ]  |

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| D.1. The Text of Commitment\*  |
| *We undertake that we have read and understood the publicly available application documents on the official website of HAK, that we will comply with HAK's administrative procedures accordingly and cooperate when necessary, and that the supportive documents we transmit with this Form and its Annex are accurate and up to date.* (Official Stamp)Date:  Name-Surname-Signature of the Authorized Person:  |

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| E.1. *Transactions and Evaluations Conducted Following the Submission of the " Notification Form for Critical Changes" and its Annexes:**(This section will be filled by the Project Coordinator assigned by HAK.)* |
| *HAK Personnel carrying out the evaluation*: Name-Surname:……………. Date:……… Signature: |

\*The form shall be filled again and sent to the HAK **when** there are changes that have not been finalized as of the date of filling the Form.