ADVANCE NOTICE FORM

Date of Issue:	Click or tap to enter a date.
Ref No.	

CLIENT INFORMATION

Client Name	
CPN	
Address	
Contact Person	
Contact Number	
Email Address	

NOTICE OF CHANGES

Type of Change	☐ Certification Requirements
	☐ Policies and Procedures
	☐ Audit Schedule
	☐ Fees
	☐ Other (specify): _____
Effective Date of Change	
Reason for Change	

DESCRIPTION OF CHANGE

Please provide a detailed description of the change:

IMPACT ON CLIENT

Describe the impact (if any) of this change on the client's certification:

ACTIONS REQUIRED BY CLIENT

Actions Required	Deadline

ACKNOWLEDGMENT

We request the client to acknowledge the receipt of this notice and confirm their understanding of the changes outlined above.

Name of Authorized Client Representative	
Signature	
Date	

For Certification Body Use Only

Notice Reference Number	
Issued by (Name &Signature)	
Date of Notification	