**APPLICATION FOR CHANGE OF ACCREDITATION**

**OF A FORMAL NATURE**

according to point 7.1.7 of MSA-04

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| --- | --- |
| Name or business name of a legal entity/name and surname of a natural person |  |
| The place of business of the applicant for the accreditation service, if it is a physical entity – an entrepreneur, or the seat of the applicant for the accreditation service, if it is a legal entity: |  |
| Organization identification number: |  |
| Determination of the organizational unit that is to carry out the activities of the accredited person: |  |
| Place of performance of the activity that is the subject of the application: |  |
| Accreditation certificate number that is the subject of the application: |  |
| Description of the proposed formal nature: |  |
| I undertake to fulfill the accreditation requirements and other requirements according to Act 53/2023 Coll. on the accreditation of conformity assessment bodies during the validity of the decision on accreditation. | |
| Name, surname and function of authorized person: |  |
| Signature of authorized person and date: |  |

Annexes: