

General Information			
Name of Entity:			
Classification Code::		Registration Number:	

Item Requiring Amendment		Updated Information			
<input type="checkbox"/>	Type of Business Activities:				
<input type="checkbox"/>	Contact Details of Head Office:	Address:	Zone : _____		
		Telephone No.:	Coordinates: Northing : _____		
		Fax No.:	Easting : _____		
<input type="checkbox"/>	E-mail Address:				
<input type="checkbox"/>	Authorized Contact Person:				
<input type="checkbox"/>	Authorized Contact Person Position:				
<input type="checkbox"/>	Contact Details of Authorized Person:	Telephone No.:	E-mail Address:		
		Fax No.:	P.O. Box :		
<input type="checkbox"/>	Other Branches / Site Office:	Address:	Coordinates:		
			Zone	Northing	Easting
<input type="checkbox"/>	Location Map(s):	<input type="checkbox"/> Current Location map(s) of Head Office and Branches are attached.			
<input type="checkbox"/>	Target Date for Completing the Development of OSHMS:	<p>(a) Original Target Date: ____ (Day) ____ (Month) _____ (Year)</p> <p>(b) New Target Date Proposed: ____ (Day) ____ (Month) _____ (Year)</p> <p>(c) Reason for Extension of Time Request:</p> <p><i>Note: Implementation of the Entity's OSHMS shall commence within 30 days of receiving approval from the concerned SRA.</i></p> <p><i>Note: Incident Reporting Requirements shall commence from the date of approval.</i></p> <p><i>Note: OSH Performance Reporting Requirements shall commence in the quarter following quarter of approval.</i></p> <p><i>Note: Annual Third Party External Compliance Audit shall be undertaken with (12) twelve months from the date of approval.</i></p>			

Other Information requiring Amendment / Additional Information

(Please list and attach any relevant documents / evidence)

Comments:

Declaration

I declare that all information provided in this document is true, correct and complete.

Signature of the Authorised Contact Person:		Official Stamp :	
Date : (DD/MM/YYYY)	____/____/____		

Official Use

Remarks:

(a) Comment/Actions on the information submitted :

(b) Revised deadline for completing the development of OSHMS :

____ (Day) ____ (Month) ____ (Year)

Relevant Authority Stamp

Entered into Database by:

	Name:	
	Signature:	
	Date: (DD/MM/YYYY)	____/____/____
	Reviewed by:	
	Name:	
	Signature:	
	Date: (DD/MM/YYYY)	____/____/____