

General Information of Requester					
Name:		Date: (DD/MM/YYYY)			
Position / Title:					
Name of Sector / Entity:					
Contact Details:	Telephone No.:		E-mail Address:		
	Fax No. :		P.O. Box :		
Classification Code:			Registration Number:		
Modification Request Details					
<input type="checkbox"/> Change of Existing Requirement in Documents & Forms under the OSHAD-SF					
<input type="checkbox"/> Introduction of New Requirement in Documents & Forms under the OSHAD-SF					
<input type="checkbox"/> Cancellation and Removal of Existing Requirement in Documents & Forms under the OSHAD-SF					
Document Name:			Version Number:		
Document Section Number:			Page Number:		
Existing Situation:					
Description of Change Requested:					
Reason for Change / Amendment / Introduction / Removal:					
OSHAD Use Only:					
Change Request Reference Number:					
Change Significance:	<input type="checkbox"/> Minor		<input type="checkbox"/> Significant		
Decision::	<input type="checkbox"/> Accepted		<input type="checkbox"/> Not Accepted		
	<input type="checkbox"/> Incorporate immediately		<input type="checkbox"/> Incorporate at 6-monthly interval		
Justification / Comments:					
Reviewer Name:		Signature:		Date: (DD/MM/YYYY)	
Manager Name:		Signature:		Date: (DD/MM/YYYY)	
OSHAD Authorized Signatory:		Signature:		Date: (DD/MM/YYYY)	
Requestor Informed of Decision:					