**Application for change of name of a product**

**for an existing license to use the brand „Quality Office“**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **QO Certificate No.** | |  | | | |
| **Valid until** | |  | | | |
| **Product/Program** | | **current name** | |  | |
| **future name** | |  | |
|  | | | | | |
| **Company** | |  | | | |
| Street / PO Box | |  | | | |
| Zip Code - City | |  | | | |
| **Contact person for this application is:** | | | | | |
| Name | |  | | | |
| Phone | |  | | | |
| Mobile | |  | | | |
| E-Mail | |  | | | |
|  | | | | | |
| **Please mark fields 1-3 with a cross accordingly** | | | | | |
| 1. O | Hereby we apply for the **change of name** as written above. | | | | |
| 2. O | We declare, that the product **was not changed** since the issue of the Quality Office certificate. | | | | |
| 3. O | I hereby agree that my above data will be stored electronically and processed and archived for the purpose of establishing contact and documentation. I am aware that I can withdraw my consent at any time. | | | | |
|  | | | | | |
| Place | | | Date | | Signature |