**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 |