



REQUEST OF TRANSFER OF REGISTRATION OF THE CERTIFICATION

The undersigned: Name _____ Surname _____

Legal Representative of (company name) _____

Registered office data

Town _____ Prov. _____

Street _____ Post code _____

VAT no. _____ Tax code _____

Certified email address _____ Telephone _____ Fax _____

REQUESTS

To transfer to the company above mentioned the certificate/s
 ICMQ no _____

Currently registered to (company name): _____

Reason for the transfer of registration

- Company name change Transfer /lease of the business branch Corporate merger
- Other (specify) _____

Activity object of the request

- you are asked to transfer all the activities and locations present in the certificate /s
- you are asked to transfer just some of the activities and locations present in the certificate /s

In case of partial transfer please specify the activities and locations to transfer

Locations _____

Activities _____

If there is not enough space to indicate all locations, please use attachment no 1

DECLARES

to have read and fully accepted, the General Contract Conditions applicable to its own certified scheme/standard (available on the website www.icmq.org in the download section) and planning of scheduled audits.

As a result of transfer to the new company, have significant changes been introduced to the organization (employees, equipment, locations) or to the management system or to the factory production control (management handbook, procedures etc.) or to the fulfillment of the requirements on the activities and capabilities of the ESCO (please refer to attachment A)? YES NO

In case of any changes please describe briefly the changes applied

EMPLOYEES NUMBER'S UPDATE

	Employees
Employees who work in the locations object of the request of transfer	
Employees who work outside the above mentioned locations (e.g.: construction sites or external work activities)	
Seasonal workers	
Workers seconded to other organizations	
Average annual number of subcontractors' employees, who work on site or at construction sites	
Total employees	

Are there workers who work during night hours? YES NO
 Do the activities object of the request include simple and repetitive processes (e.g. cleaning, sales, transport, call centers, etc.)
 YES NO

Number of workers who carry out simple and repetitive activities _____

Are there part-time workers? YES NO. If yes: number of daily working hours _____ Number of employees _____

Please note:

Based on the information collected, ICMQ evaluates the possible need to carry out an audit before the transfer.
 The transfer of the certification will only be possible if there are no unpaid ICMQ invoices for the certificate to be transferred.

Documents to be attached to this request form:

- copy of the document certifying the transfer of the offices/activities object of this request (e.g., contract, notary deed, etc.);
- copy of the Chamber of Commerce certificate of the company that replaces the certifications
- Only for surveillance (UNI CEI EN 50518 and UNI 10891 standards), copy of the prefectorial license

CONSENT REGARDING PRIVACY

Pursuant to EU Regulation 2016/679 and domestic legislation on the matter, the Client hereby authorises ICMQ S.p.A. to process the personal data of the natural persons subject - directly or indirectly through third parties - to processing relating to the requirements connected and/or related in any way to this Regulation. The Controller is ICMQ S.p.A. Comprehensive information is available on the home page of the website, www.icmq.it.

Having taken note of the information, for the purpose of sending advertising and/or promotional material:

I give my consent I decline my consent

to the processing of our personal data by the parties indicated in the above information.

It is understood that this consent is conditional on complying with the regulations in effect and relating to the content of the above information and that it may be revoked at any time.

Date

Signature
