CHANGE CONTROL FORM (CCF)

Proposed Change:

Current Method which will be replaced by new change

Effective Document(s) to be amended

Reason for Change

Proposed By:

	Name	**Signature**	**Date**
Initiator			
HOD			

MANAGEMENT REVIEW

Circulated To: ---------- **Date: ----------**

Review of impact of CCF

Comments	Reviews

Cost/Productivity approval (Applicable/ Not Applicable)

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Sign/Date: ----------

ASSESSMENT AND AUTHORIZATION OF CCF

Date of review: **Feasibility of Change: (Yes) (No)**

Category of Change: (A) (B) (C)

Date of regulatory authority approval (Applicable/ Not Applicable) Date: ----------

Signature of Manager Quality or regulatory affairs ----------

QA approval: ---------- **Date: ----------**

Final Approval and authorization

	Signature	Date
CEO/Director		

Date of Implementation of amended document: ----------

Amended Document Distribution Date: ----------