

External Auditor Change Request Form in the Field of Personal Data Protection

First: External Auditor Information	
Service Provider Name	
License Number	
Type of Activity	
Second: Applicant Information	
Lead Auditor Name	
Phone Number	
Email Address	
Third: Change Details:	
Please (tick) (v) (the applicable type of change)	Expansion of Service Scope () Change of Certification () Addition of Employee () Employee Resignation () Other (please specify) ()
Description of the Requested Change: Please provide a clear explanation of the requested change, including the reasons and any relevant background information.	
Supporting Documents and Attachments:	
Applicant's Signature:	Date: