

FORM B1
SECTOR AMENDMENT TO REGISTERED INFORMATION

DEVELOPING AND IMPLEMENTING AN EHSMS COMPLYING
WITH THE ABU DHABI EMIRATE REQUIREMENTS



General Information			
EHSMS Registration Number :		Sector Classification Code:	
Name of Sector Regulatory Authority:			
Sector:	<input type="checkbox"/> Building & Construction <input type="checkbox"/> Energy <input type="checkbox"/> Health	<input type="checkbox"/> Industry <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Tourism	<input type="checkbox"/> Transport <input type="checkbox"/> Waste <input type="checkbox"/> Other

Item requiring amendment		Updated Information	
<input type="checkbox"/>	Number of Targeted Entities:		
<input type="checkbox"/>	Name(s) of New Targeted Entities:		
		<i>Attach list if required</i>	
<input type="checkbox"/>	Name(s) of Targeted Entities Removed from Sector:		
		<i>Attach list if required</i>	
<input type="checkbox"/>	Name of Regulatory Authority:		
<input type="checkbox"/>	Name of Higher Committee Representative:		
<input type="checkbox"/>	Name of Chairperson:		
<input type="checkbox"/>	Contact of Head Office	Address:	Zone : _____
		Telephone No.:	Coordinates: Northing : _____ Easting : _____
		Fax No.:	E-mail Address:
<input type="checkbox"/>	Authorised Contact Person:		
<input type="checkbox"/>	Contact of Authorised Person	Telephone No.:	E-mail Address:
		Fax No.:	P.O. Box :
<input type="checkbox"/>	Other Branches / Site Office:	Address	
		Coordinates	
		Northing	Easting

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Q	Location Map	New Location map(s) of Head Office and branches are attached.
Q	Target Date for Completing the Development of EHSMS:	(a) Original Target Date: ____ (Day) ____ (Month) ____ (Year) (b) New Target Date Proposed: ____ (Day) ____ (Month) ____ (Year) (c) Reason for Extension of Time Request:
Q	Target Date for Commencing the Implementing of EHSMS:	(a) Original Target Date: ____ (Day) ____ (Month) ____ (Year) (b) New Target Date Proposed: ____ (Day) ____ (Month) ____ (Year) (c) Reason for Extension of Time Request:

Other Information requiring Amendment / Additional Information

(Please list and attach any documents that you may have amended that are relevant to EHSMS)

Declaration

I declare that all information provided in this document is true, correct and complete.

Signature of the Authorised Contact Person:		Regulatory Authority Official Stamp :	
Date :	____/____/____		

Official Use

Remarks:

- (a) Comment/Actions on the information submitted :
- (b) Revised deadline for completing the development of EHSMS :
____ (Day) ____ (Month) ____ (Year)
- (c) Revised deadline for commencing the implementation of EHSMS :
____ (Day) ____ (Month) ____ (Year)

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Regulatory Authority Stamp	Entered into Database by:	
	Name:	
	Signature:	
	Date:	___ / ___ / ___
	Reviewed by:	
	Name:	
	Signature:	
	Date:	___ / ___ / ___