

FORM B
ENTITY 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 Entity:			
Sector Name:	<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"/>	Business Activities:		
<input type="checkbox"/>	Contact of Head Office	Address:	Zone : _____ Coordinates: Northing : _____ Easting : _____
		Telephone No.:	E-mail Address:
		Fax No.:	P.O. Box :
<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
<input type="checkbox"/>	Location Map	New Location map(s) of Head Office and Branches are attached.	
<input type="checkbox"/>	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:	
<input type="checkbox"/>	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:	

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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:		Entity 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)
- (d) New Sector Classification Code Assigned: _____

Regulatory Authority Stamp

Entered into Database by:

	Name:	
	Signature:	
	Date:	____/____/____
	Reviewed by:	
	Name:	
	Signature:	
	Date:	____/____/____