



# INTEGRATED MANAGEMENT SYSTEM

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## INITIATING CHANGES IN IMS

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### INITIATING CHANGES IN IMS

Initiated by :

Name:.....

Designation :.....

Department :.....

Signature :.....

Date:.....

Suggested Changes:

Suggested Changes:

PROPOSED by:.....

Date:.....

Comments of the Department/Function Head (required if the initiator is not the Department/Functional Head)

Signature: .....

Date:.....

Recommendation of the Management Representative

Signature: .....

Date:.....

Approval by Management Review Committee:

Approved on:

Approved with comments:

Signature of Management Representative: -

Date:

Note: The Management Representative shall send back a copy of this Form with his comments to the initiating department/function.

Prepared By

Reviewed By

Approved By