

Document Change Request

A. Re	questor information							
1.	Name	:						
2.	Designation	:						
B. De	tails of Request							
1.	Reason for change	:						
2. Document issue number :				3. Document revision :				
4.	Documents affect	ed :						
5. Details of change :			(Fill the table below)					
	Document Reference	Issue No	Rev No	Details of change				





C. Review and Approval

Reviewed and approved by							
Signature :							
QA USE ONLY)							
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on Masterlist	• —						
	: □	Date:					—
	QA USE ONLY) Ipdate (FOR QA USE on Masterlist	QA USE ONLY) Ipdate (FOR QA USE ONLY) on Masterlist : :	Opdate (FOR QA USE ONLY) On Masterlist : Date : Date : Date :	QA USE ONLY) Update (FOR QA USE ONLY) On Masterlist :	DA USE ONLY) Ipdate (FOR QA USE ONLY) on Masterlist :	Dipdate (FOR QA USE ONLY) On Masterlist : Date : Date : Date :	QA USE ONLY) Ipdate (FOR QA USE ONLY) on Masterlist





INSTRUCTION FOR COMPLETING GAM/Q-070, DOCUMENT CHANGE REQUEST

Section A(1)	Fill in name of requestor								
Section A(2)	Fill in designation of requestor								
Section B(1)	Fill in reason for change								
Section B(2)	Fill in issue number of the document intended to be reviewed,								
Jeenon b(Z)	approved, and accepted.								
Section B(3)	Fill in revision number of the document intended to be reviewed,								
	approved, and accepted.								
	Fill in document(s) affected by the change request.								
Section B(4)	If the document intended to be approved affects any procedure and								
	policy, please state them as such in this column								
	Attach GAM/Q-070a to complete this section.								
	State the section of document affected, and the details of proposed								
	change. example:								
	example.								
	Document Issue Rev. Details of change								
C .: D/E)	Reference No No								
Section B(5)	GAM/EPM/ISS.1 - 1 Part 3.1 – Amended sentence in								
	para 2 for better understanding.								
	GAM/E-011 1 Amended Section 5(a) to include								
	staff ID column.								
	Fill in signature, name, designation and date of personnel reviewing and								
Section C	approving the document change request, either HOD or personnel								
· · · · · · · ·	nominated by HOD if he/she is not available.								
	Fill in personnel accepting the document change request, either the								
Section D	QAM or personnel nominated by HOD if he/she is not available.								
	Fill in remark regarding the document change request, if any								
Section E(1)	Tick off box if the document has been registered in Internal Publication								
Jeedion E(1)	Masterlist (GAM/Q-067), and insert date of registration.								
Section E(2)	Tick off box if the document has been updated onto GAMS portal, and								
	insert date of update.								
Section E(3)	Tick off box if the requestor has been notified of the document change								
\ , ,	request acceptance, and insert date of notification.								