CHANGES NOTIFICATION FORM

1. Contact details			
(Qualified) Trust Services Provider Name:			
Contact of the reporting person			
Full Name:			
Job Title:			
Telephone:			
Email:			
2. Change details			
Type of change			
□ Change in entit	ty information		Change in technical capabilities
Change in ownership structure			Change in financial capabilities
\Box Change in the	place of business		Change in management capabilities
•	r's identity verification	procedures	Change in (Q)TSs provision
Description of change(s) (Provide information about the change)			
lustification of channels)			
Justification of change(s)			
List of impacted (Qualified) Trust			
Services			
Has the change(s) been implemented		C Yes	
		C No	
If No, Date and time of the planned			
change(s)			
Does change(s) impact current users		© Yes	
		⊙ No	
The volume of impacted customers (if			
the above option is yes)			
If yes, what is the Communication			
Plan?			
Planned implementation window			
(Duration) – Start date/time- End date/time			
Supporting documents		Attach supporting document.	
3. Signature of authorized represent		11 0	
The undersigned hereby confirms that the information contained in this 'changes notification form' is			
correct.			
Name:			
Date:			
- 3.0.			

Signature¹:

When applicable, the application form and the requested documents can be sent electronically, in a secure way to CRA (<u>QATrustServices@cra.gov.ga</u>).

In this case, documents containing sensitive and/or confidential data please contact CRA to discuss the transmission modalities.

¹ When applicable should be electronically signed/sealed by means of a Qualified Electronic Signature or Qualified Electronic Seal with qualified certificate issued by a licensed QTSP in Qatar. This signature/seal should cover the application form and each and every companion document submitted as part of the application.