

CHANGE NOTICE FORM

Document issued by:		Date:	Reference Doc. No.	
Scope and Justification:				
Safety/Environment, Functional, Constructability, Statutory, Commercial, Procurement, Other				
Project area	Responsible (name, signature)	Comments Y/N (if applicable)	Cost	Schedule Effect (weeks)
Project Control Office				
Engineering				
Construction				
Project Controlling				
Logistics				
Operations				
Permitting				
Communications				
Procurement				
Legal				
Risk				
QA/ QC				
HSE				
HR				
Approved/Rejected* (Work may/ may not proceed) Executive Director Date		Approved/Rejected* (Work may/ may not proceed) Head of Key Projects for Expansion and Interconnection Department (Project Manager and CMC) Date		
Approved/Rejected* (Work may/ may not proceed) Chief Engineer Date		Approved/Rejected* (Work may/ may not proceed) Director General Directorate Technical operations Date		
Approved/Rejected* (Work may/ may not proceed) Director Finance and Control Directorate Date		Approved/Rejected* (Work may/ may not proceed) Head of Chiren UGS Date		
Approved/Rejected* (Work may/ may not proceed) Environmental Manager (Head of Ecology sector) Date		Approved/Rejected* (Work may/ may not proceed) Health & Safety Manager (H&S Senior Specialist) Date		
Final approval by the Board of Management* (For Class 3 changes only)				
Date and BoM Protocol number:				
* Delete as appropriate				