ACCREDITATION CHANGE FORM

National Information Security Compliance Framework (NISCF)
Change Nominated Representative (NR) Form
[NCSA-NISCF-ACCR-CNRF]

Organization Information	
Current Accreditation	n ID
Organization Name	
Commercial Registra	tion No.
Establishment Card N	No.
	Nominated Representative (NR)
Nominated Represe	entative (NR) No.1
Name of Individual	
Email	Position/Role
Tel No.	Mob No.
Nominated Representative (NR) No.2	
Name of Individual	
Email	Position/Role
Tel No.	Mob No.
Declaration	
I, the undersigned hereby declare that I have the authority on behalf of this Organization, to submit this request and affirm that the information provided herein is both accurate and correct to the best of my knowledge and belief.	
Full Name	
Date	Signature

For Verification

Establishment Card

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Company Seal