

MODIFICATION REQUEST FORM

FORMAT NO.:

DATE: _____ M.R.F. NO. ; _____

APPLICABLE LOCATION					
(PLEASE TICK ✓ OR X)					
<input type="checkbox"/>	RAW MATERIAL	<input type="checkbox"/>	PRODUCTION - UNIT - I	<input type="checkbox"/>	PRODUCTION - UNIT -II
<input type="checkbox"/>	PROJECT - A	<input type="checkbox"/>	PROJECT -B	<input type="checkbox"/>	QUALITY / PACKING
<input type="checkbox"/>	SALES / MARKETING	<input type="checkbox"/>	FINANANCE / ACCOUNT	<input type="checkbox"/>	MANAGEMENT

SELECT ANY ONE					
(PLEASE TICK ✓ OR X)					
<input type="checkbox"/>	ADD INFORMATION	<input type="checkbox"/>	CHANGE INFORMRTION	<input type="checkbox"/>	DELETE INFORMATION

PROPOSED DETAILS

PURPOSE OF THE REUQUEST

REQUESTED BY: _____	SIGN. _____
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OFFICE USE FOR APPROVALS			
COMMENTS			
STATUS (PLEASE TICK ✓ OR X)			
<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	REJECTED
DEPARTMENT - MANAGER SIGN.			