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| --- | --- | --- | --- |
| Change Control No. |  | TCD |  |
| Department  |  | Proposed Extended TCD |  |
| Extension Request Initiated by |  |
| Justification for Extension: |
| **Extension Approval status** | **Yes** | **No** |
| **Remark (if any):****Head QA / Director Quality/ (Sign/Date):** |