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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):** | | | | | |