



## Appeal and Review Submission Form

### 1. General information

Please fill in the information *(Please add N/A if not applicable)*

Client ID			
Name of Organization			
Address:			
Email:		Telephone:	
Contact Person:		Date of Application:	
Date of Evaluation:		Date of Certification:	

Type of Certification	<input type="checkbox"/> Facility <input type="checkbox"/> Product
Sector (Product/ Group)	<input type="checkbox"/> Chemical <input type="checkbox"/> Halal Products <input type="checkbox"/> Food <input type="checkbox"/> Electrical



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Scope of Certification

- Cosmetics
- Detergents
- Perfumes
- Tobacco (Cigarettes, Moassel, Dokha)
- Children Toys
- Oxo-Biodegradation of Plastic Bags and Other disposable plastic object.
- Petroleum (Diesel, Lubricant Oils)
- Retreaded Tires
- Liquefied Petroleum Gas Cylinder (LPG)
- Food Contact Material
- Halal Food
- Halal Cosmetics
- Halal Slaughtering Houses
- Paint
- Pesticides
- Organic Foods
- Energy Drinks
- Water
- Electrical & Gas Appliances



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### 2. Scope of appeal/review

Please tick below which evaluation/certification decision you wish to challenge:

<input type="checkbox"/>	Decertification
<input type="checkbox"/>	Suspension
<input type="checkbox"/>	Immediate suspension after audit
<input type="checkbox"/>	Application denied
<input type="checkbox"/>	Decision not to grant initial certification
<input type="checkbox"/>	Detected non-conformities
<input type="checkbox"/>	Required corrective measures
<input type="checkbox"/>	Required objective evidences
<input type="checkbox"/>	Others (please specify):



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### 3. Details of appeal/review

No.	Standard Requirement concerned by appeal/review	Compliance Criteria concerned by appeal/review	Certification or Evaluation Decision concerned by appeal/review (e.g. non-conformity, corrective measure)	Explanation of reasons/ justification for appeal/review	Additional evidence supplied	Response of RACS Operations Department
	<i>To be filled by the appellant or RACS</i>	<i>To be filled by the appellant</i>	<i>To be filled by the appellant</i>	<i>To be filled by the appellant</i>	<i>Please list the additional documentary evidence attached to the appeal/review</i>	<i>To be filled by RACS</i>
1.						
2.						
3.						
4.						
5.						



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4. General remarks of the client:

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Customer Signature