**No:** RACS/REC/18/XX

**Date:**

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 | ☐Facility  ☐ Product |
| Sector (Product/ Group) | ☐ Chemical  ☐ Halal Products  ☐ Food  ☐ Electrical |
| 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  ☐ Others, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Scope of appeal/review**

|  |  |
| --- | --- |
| **Please tick below which evaluation/certification decision you wish to challenge:** | |
| ☐ | Decertification |
| ☐ | Suspension |
| ☐ | Immediate suspension after audit |
| ☐ | Application denied |
| ☐ | Decision not to grant initial certification |
| ☐ | Detected non-conformities |
| ☐ | Required corrective measures |
| ☐ | Required objective evidences |
| ☐ | Others (please specify): |

1. **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** |
| *To be filled by the appellant or RACS* | *To be filled by the appellant* | *To be filled by the appellant* | *To be filled by the appellant* | *Please list the additional documentary*  *evidence attached to the appeal/review* | *To be filled by RACS* |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |

1. **General remarks of the client:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Signature