**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