**No: GCIQCS-REC-18-XX**

**Date: DD-MM-YY**

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** | [ ]  Product[ ]  Other (if any) |
| **Sector (Product/ Group)** | [ ]  Chemical[ ]  Halal Products[ ]  Food / Cosmetics[ ]  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 GCIQCS Operations Department** |
| *To be filled by the appellant or GCIQCS* | *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 GCIQCS* |
| **1.** |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |

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| 1. **General remarks of the client:**
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Customer Signature** |