**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:** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Customer Signature** |