

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"/> Management System <input type="checkbox"/> Halal
Scope of Certification	<input type="checkbox"/> Halal Food <input type="checkbox"/> Halal Slaughtering Houses <input type="checkbox"/> Quality Management System <input type="checkbox"/> Health & Safety Management System <input type="checkbox"/> Environment Management System <input type="checkbox"/> Food Safety Management System <input type="checkbox"/> HACCP

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 evidence
<input type="checkbox"/>	Others (Please Specify)

3. Details of appeal/review

No.	Appeal Area	Appeal Description	Corrective Action Sought	Reasons / Justifications for Appeal / Review	Additional Evidence Supplied	Response of AISC Operations Department
1	To be filled by the appellant or AISC	To be filled by the appellant or AISC	To be filled by the appellant or AISC	To be filled by the appellant or AISC	Please list the additional documentary evidence attached to the appeal / review	To be filled by the AISC
2						
3						
4						

4. General remarks of the client:

Customer Signature