



Appeal and Review Submission Form

General information

Please fill in the information (Please add N/A if not applicable)

Client ID	
Name of Organization	
Address:	
Email:	
Contact Person:	
Date of Evaluation:	
Telephone:	
Date of Application:	
Date of Certification:	

Type of Certification	<input type="checkbox"/> Process <input type="checkbox"/> Product <input type="checkbox"/> Service
Sector (Product/ Group)	<input type="checkbox"/> Electrical <input type="checkbox"/> Food <input type="checkbox"/> Halal <input type="checkbox"/> Chemical
Scope of Certification	<input type="checkbox"/> Cosmetics <input type="checkbox"/> Children Toys <input type="checkbox"/> Food Contact Material <input type="checkbox"/> Halal Food <input type="checkbox"/> Halal Cosmetics <input type="checkbox"/> Halal Slaughtering Houses <input type="checkbox"/> Pesticides <input type="checkbox"/> Organic Foods <input type="checkbox"/> Electrical Appliances <input type="checkbox"/> Others, please specify _____

This document is WCC Management system document, when printed it is classified as uncontrolled



Scope of Appeal/Review

<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):

Details of Appeal/Review

Sr. 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	To be filled by the appellant	To be filled by the appellant	To be filled by the appellant	Please list the additional documentary	To be filled by WCC
1.						
2.						
3.						
4.						

This document is WCC Management system document, when printed it is classified as uncontrolled





General remarks of the client:

Customer Signature

This document is WCC Management system document, when printed it is classified as uncontrolled

