**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** | [ ] Full Quality Assurance[ ] Product[ ]  Type 1-a scheme[ ]  Type 3 scheme |
| **Sector (Product/ Group)** | [ ] Chemical[ ]  CIvil[ ] Electrical[ ] Mechanical[ ]  Other (please specify) |
| **Scope of Certification** | [ ]  Detergents[ ]  Lubricating Oils[ ]  Paints[ ]  Textile[ ]  Footwear[ ]  Leather[ ]  FCM[ ]  Packaging material[ ]  Adhesives[ ]  Paper[ ]  Jewellery and accessories[ ]  Doors, Windows, and Accessories[ ]  Auto Spare Parts[ ]  Personal Protective Equipment[ ]  Portable and oriented machines[ ]  Electric Self-Balancing Boards[ ]  RoHS[ ]  Batteries[ ]  Telecommunication [ ]  Amusement Parks Games and Devices |

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** |