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