

	ESTÁNDAR GLOBAL DE CERTIFICACIÓN HALAL. S.L.		
	COMPLAINT OR APPEALS FORM		
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SUBJECT (Select the appropriate option): **CLAIM** **APPEAL**

COMPANY				
Company Name			License number or file:	
Address:			CIF/VAT:	
City :		Postal Code:		Tel:
Province:			e-mail:	
CONTACT PERSON:				
Name and surname:				
Phone:		email:		

REASON FOR COMPLAINT/APPEAL (Pleas indicate in the most detailed way the reason for your complaint. In case of an appeal to a decision taken by the Halal Institute, it will be processed directly by the Impartiality Committee formed by representatives of entities independent of the Halal Institute, so please explain as clearly as possible the reason for your appeal by attaching to the email all those documents that may evidence the reason for your appeal.)

DATE: