|  |
| --- |
| **HALAL ACCREDITATION AGENCY OF TÜRKİYE****SCOPE EXTENSIOM FORM** |
| **The source of the extension demand: HAK Certifier**  |
| **Registration Number: *To be filled by HAK staff*** |
| **Information on the Accredited Certifier:****Full Name:****Centre of Activity (by geographical location):****Main Communication Address:****Main Communication Phone Number:****Main Communication E-Mail:****Information on the Halal Accreditation Decision:****Date of the decision:****File Number: *To be filled by HAK staff*** |
| **DETAILS ON THE SCOPE FOR WHICH EXTENSION IS DEMANDED\*:*****\*As per the definitions of the scopes laid in the latest version of the OIC/SMIIC Standard, as well as the halal accreditation scope the certifier currently holds.*** |
| **Information of the HAK Staff Registering the Demand:****Name and Surname: Position:****Registration Date: Signature:** |