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| **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:** |