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| **REPUBLIC OF TÜRKİYE**  **HALAL ACCREDITATION AGENCY**  **APPEAL NOTIFICATION FORM** |
| **Registration No: *To be filled out by HAK personnel*** |
| **Information on the Appealing Organization:**  **Full Name: Head Office: Contact Address: Contact Number:**  **The accreditation decision subject to appeal:**  **Date of Decision:**  **Official decision/file number issued by HAK:** |
| **JUSTIFICATIONS FOR THE APPEAL:** |
| **HAK Official Recording the Complaint:**  **Name and Surname: Title:**  **Date of Record: Signature:** |
| ***Signature of the Authorized Person on behalf of the Appealing Organization:***  ***Date:*** |