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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:*** |