

| | | | |
|------------|----------------|----------------------|---|
| Doc. No.: | 06 FM 47 R 0 | Appeal Register Form |  Management Systems Certification Services Management Systems Certification |
| Main Doc.: | 06 PR 02 | | |
| Effective: | 03 / 17 / 2024 | | |

Part 1 is completed by the Deputy Audit and Certification Officer or the applicant: 

| | |
|---|----------------|
| Date: | |
| Number (The number is registered by the vice president of audit and certification of EH Certification.): | |
| Details of registrant: Customer <input type="checkbox"/> Deputy Audit and Certification <input type="checkbox"/> Interested party of customer certified <input type="checkbox"/> | |
| How to apply: meeting <input type="checkbox"/> in person <input type="checkbox"/> telephone <input type="checkbox"/> fax <input type="checkbox"/> oral <input type="checkbox"/> e-mail <input type="checkbox"/> post <input type="checkbox"/> | |
| Customer's name and surname: | Phone: |
| The name of the customer representative to receive the answer: | |
| Description of the topic | |
| Date: | Subject |
| Contract description: | |
| Express request: | |
| Signature of statement / receiver: | |
| .Attached documents | |
| Please send the completed form to homamcert.uae@gmail.com or WhatsApp number (+971) 527742289 | |

 **Part 2 is completed by the retrial committee**

| | | |
|--|---|---|
| Details of committee members: | | The results of the investigation |
| Review results: | | |
| Checked documents: | | |
| Possible required information in case of insufficient documents: | | |
| How to announce the receipt of the matter to the customer: sending a letter <input type="checkbox"/> phone <input type="checkbox"/> . | | |
| Notification of receipt on the date... by letter to no... <input type="checkbox"/> Phone <input type="checkbox"/> was announced to the applicant | | |
| It is acceptable <input type="checkbox"/> It is not acceptable <input type="checkbox"/> (In case of non-acceptance, the necessary explanations and notification to the customer should be registered.) | Received Subject: | |
| If accepted, the following lines will be completed | | |
| Is it a recurrence? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Description: | | |
| Signature of those present at the meeting: | | |
| Date: | | |
| Explanation of the decision result: | | Decision results |
| Signature of those present at the meeting: | | |
| Date: | | |
| Approval and revision of the decision: | | Final result |
| Signature of the deputy official or one of the qualified auditors (who was not previously involved in the subject of the retrial request): | | |
| Date: | | |
| of action in history... by letter to no... <input type="checkbox"/> Phone <input type="checkbox"/> was announced to the applicant. | | |
| The results of the action taken: | | |
| Deputy Signature / Date: | Corrective Action <input type="checkbox"/> Improvement <input type="checkbox"/> Necessary: Deadline: Responsible: | |
| Signature of person in charge / date: | Description of the action taken by the person in charge: | |
| Deputy Signature / Date: | The result of effectiveness review: adequacy <input type="checkbox"/> insufficiency <input type="checkbox"/> | |