



## CUSTOMER APPEAL FORM

<b>Your Detail</b>			
Complainant Name			
Position			
Company Name			
Address			
Business Type / Scope			
Certificated by ANIC Halal Authority	Yes ( <input type="checkbox"/> )    No ( <input type="checkbox"/> )		
Telephone / Cell #		E-mail	

<b>Detail of Appeal:</b>

<b>Signature</b>	
<b>Date</b>	