

CUSTOMER COMPLAINT FORM

Your Detail						
Complainant Name						
Position						
Company Name						
Address						
Business Type / Scope						
Certificated by ANIC Halal	Ves (Yes () No ()				
Authority	163 (
Telephone / Cell #			E-mail			
Please Tick the following;						
Complaint		Appeal		Withdrawal		
Dispute		Suspension		Other		
Dispute		3u3pen3ion		Other		
Detail of Complaint:						
Signature						
Date						

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