



## **Australian National Imams Council ANIC HALAL AUTHORITY**

## **CUSTOMER APPEAL FORM**

Your Detail		
Complainant Name		
Position		
Company Name		
Address		
Business Type / Scope		
Certificated by ANIC Halal Authority	Yes ( ) No ( )	
Telephone / Cell #	E-	mail
Detail of Appeal:		
Signature		
Date		