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| **شرح درخواست را در قسمت زیر مرقوم فرمایید** (description of appeal) | | | | |
|  | | | | |
| **طرف درخواست کننده و اطلاعات تماس ایشان** (appellant and relevant contact information) | | | | |
| شخص حقیقی (private person) ، نام (name) : Choose a building block. تلفن : Choose a building block. | | | | |
| شخص حقوقی (corporate entity) ، نام (name) : Choose a building block. تلفن : Choose a building block. | | | | |
| **لطفا از این قسمت به بعد چیزی ننویسید – فقط مخصوص نهاد صدور گواهی**  **Please do not write anything from below part – Only for Certification Body** | | | | |
| *appeal type* | | | | |
| related to Nobel Certification activities | | related to Certified Client | | |
| Checking if the persons who invloved in certification process relevant to this appeal are not assingned for handling this appeal . | | | | |
| *analyzing & validating appeal* | | | | |
|  | | | | |
| according to analysing & evaluation , appeal is :  Valid  Not-Valid | | | | |
| responsible for handling : | | assigned number : | date : | |
| *actions against appeal* | | | | |
| No | required Action | responsible | | dead time |
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|  |  |  | |  |
| date of updating appellant for investigation progress : | | | | |
| recipient person in client organization : | | | | |

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| *control of Action implementation & effectiveness* |
|  |
| Date of updating appellant for investigation progress : |
| Recipient Person in client organization : |
| *Notes & comments (if any)* |
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