APPEAL FORM

Name of Appellant:	Date of appeal:
Appellant's telephone number:	Appellant's Email Address:
Appellant's Address:	
If you are making a complaint on behalf of an Employer, please complete the shaded boxes:	Appellant's Company/Employer:
Nature of Company/Employer Business:	Appellant's position in company:
Name of individual the failure to certify affected if different from the Appellant:	IPCS Number of individual:
Summary of complaint:	
Signature of Complaint:	Date:

All complaints or appeals must be made in writing. Please email to the following contacts:

To: syarafina@rsacasb.com – Syarafina Ashiqin Zulkipli (Registrar)
CC: neesa@rsacasb.com – Nurfatin Qhairunisa Binti Awang (Quality Team)

Certification Department
No. C-20-1 Jalan Raja Udang 1,
River Front Business Centre,
24000 Kemaman, Terengganu, Malaysia.