



Application for Halal Certification

Doc. No.	HSOP-08-FRM-01
Rev.	1
Rev Date	01-01-2020
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Company Details

Name of Company			
<u>Relationship in a larger corporation/group of companies, if any</u>			
Chief Executive/MD			
Contact Person/MR (Name & Designation)			
Address			
Ph. No		Fax No	
Email		Web Address	

Process Activities

Describe Final Product(s) /Service(s)	
Scope of Work (Will appear on certificate once certified)	
Brands / Products to be certified (Will appear on certificate once certified)	
Activities & Processes on Site (e.g. receiving, inspection, processing, storage, dispatch etc)	
Subcontracted Activities (Delivery, Logistics etc., if any)	
Transfer Certification (If Any) Specify reason	

Client Type	<input type="checkbox"/> Initial Certification	<input type="checkbox"/> Transfer	<input type="checkbox"/> Change in scope
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Certification Required

PS 3733:2016 Halal Food Management System	
Any Other (Specify)	

Personnel Details

Department	No of Employees	Department	No of Employees
Production / Services		Quality Assurance/ Quality Control	
Human Resource / Admin		Other (Maintenance, Store)	
Total Staff			



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Site Details

No of Sites: _____

Sites Sr. #	Site Address	No of Employees Shift wise			Nature / Scope of Work	No of Shifts
		A	B	C		

Use extra sheet for more sites

Raw Materials/ Ingredients

Increase the lines, if required

Company Authorized Representative

Applicant Name:	Designation:
Signature:	Date: Location/Place:

Once completed application is received a Quotation/Service Agreement describing cost of 3 year certification cycle will be issued.

HACI Authorized Representative (For HACI use only)

Name:	Designation:
Signature/Date	Recommended for Application Review Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks (if not recommended)
Final Approval (After Application Review)	Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks (If not approved)
Application No:	

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