



**APPLICATION FORM**

**HALAL PRODUCTS MANAGEMENT SYSTEMS**

**&**

**Requirements for Any Organization in Halal**

**Food, Packaging Material**

**Personal Care Products &**

**Pharmaceuticals.**

**Punjab Halal Development Agency**

Beside Shahpur Kanjran Cattle Market  
18-K.M. Shahpur Kanjran, Multan Road, Lahore

Tel: +92 42 99333704/5

Manager Admin +92 337 487 9857

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## Punjab Halal Development Agency

Doc # : PHDA/REC-06

Rev # : 04

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Effective Date:01-10-2021



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Please complete the Application Form and mail / Email it to the address shown above, we will then submit a quotation / Performa Invoice tailored exactly to your situation, the information provided shall be treated with strict confidence. **No application fee shall be charged for this application.**

### COMPANY DETAILS

<b>Company Name:</b>							
<b>Company Registration No.</b>							
<b>Company NTN No.</b>							
<b>Company Address:</b>							
<b>Site Address: (If different)</b>							
<b>Tel No.:</b>		<b>Cell #:</b>					
<b>Email:</b>		<b>Website:</b>					
<b>Contact Person:</b>		<b>Designation</b>		<b>Cell #:</b>			
<b>Management Representative (MR)</b>					<b>Cell #:</b>		
<b>Standard (Tick ✓)</b>	<b>PS</b> 3733	<b>MS</b> 1500	<b>Other</b>	<b>Accreditation</b>	<b>PNAC</b>	<b>JAKIM</b>	<b>Other</b>

**Products and Services** (Please detail the products you produce and the services you provide)

**Activities and Processes on site:** (Please list down all site activities)

**Halal Certification Scope** (Please note this description shall show on the certificate after approval by PHDA)

**Product/Brand to be certified:**

**List of Products/Brands:** (Use Annexure-I Format)

**Total No. of Employees:**

<b>Management / Admin</b>		<b>Production /Process</b>		<b>Food Safety/ Quality</b>		<b>Sharia / Halal</b>	
<b>Permanent</b>		<b>Temporary</b>		<b>Seasonal</b>		<b>Subcontracted</b>	

**No. of Shifts**

**Specific Activities**

<b>Total No. of Employees</b>		<b>No. of product Varieties.</b>	
<b>1<sup>st</sup> Shift - No. of Employees</b>		<b>No. of production lines</b>	
<b>2<sup>nd</sup> Shift - No. of Employees</b>		<b>No. of buildings</b>	
<b>3<sup>rd</sup> Shift - No. of Employees</b>		<b>No. of warehouses / Store</b>	



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**Product Process Flow** (Attached please)

**List of subcontracted activities:** (i.e. Machining, calibration, delivery/logistics, Pest, Lab, etc.)

**List of Halal Control Points / Hazards & Risks in Activities.** (Attached Halal Risk Assessment Please)

**List of any other existing certified management System:** (HACCP / ISO 22000 / ISO 9001 / Etc.)  
(Attached Certificates Please)

**Preferred date for Audit:**

**Note: Kindly ensure prior facilitation on the above items:**

1. Kindly endorse the application with company stamp.
2. Please return completely filled application form together with the required full disclosures through email ([info@phda.com.pk](mailto:info@phda.com.pk)) or post to the office address.
3. MR should be the company employee.
4. Application forms will only be accepted when fully completed and duly signed by the Proprietor /Director or authorized representative. Failure to adhere to the above guidelines, may delay the process.

**Declaration:** I/we undertake that the information provided for Halal Certification is based on real practices. We also undertake that we will prior inform to PHDA if any change occur in the formulation hereafter.

<b>Authorized Signature</b>		<b>Company Stamp</b>	
<b>Position</b>		<b>Date</b>	

**THANK YOU FOR COMPLETING THE APPLICATION FORM**

**FOR PHDA USE ONLY**

<b>Reviewed by Deputy MR</b>		<b>Date</b>	
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**ANNEXURE-I**

**List of Products/Brands**

No.	Product / Brand Name	Description	Major Ingredients to be used
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			



## Punjab Halal Development Agency

Government of the Punjab (Pakistan)  
Website: [www.phda.com.pk](http://www.phda.com.pk) Email: [info@phda.com.pk](mailto:info@phda.com.pk)



### FOR PHDA USE ONLY

#### Certification / Registration Required:

#### Code Allocation:

<b>Scope of Certification</b>	
<b>Category (As per PNAC Guideline)</b>	
<b>Sector Qualification Code (s)</b>	

#### Recommended Team and Team Leader:

Approved HPMS-LA and Team members (if any), and covering the needed codes

<b>Audit Type</b>	<b>Audit Team Members</b>	<b>Expected Time of Audit / Sign</b>
<b>Stage I On / Off-Site</b>		
<b>Stage II</b>		
<b>Surveillance I</b>		
<b>Surveillance II</b>		



## Punjab Halal Development Agency

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Website: [www.phda.com.pk](http://www.phda.com.pk) Email: [info@phda.com.pk](mailto:info@phda.com.pk)



### Calculation: (For PHDA Use Only)

#### 1. Calculation of MD for initial audit:

i. Minimum audit time for single site:  $Ta = B + H + (PV + FTE) * CC$

**B** is the basis on-site audit time, **H** is the audit days for each additional Halal studies and applied only for products/services in food chain. **PV** is the audit days for product variety, **FTE** is the audit days per number of employees, **CC** is the factor as multiplier for process or production complexity class.

ii. Minimum audit time for each additional site:  $Tasv = Ta * 50/100$

#### 2. MD allocation (Certification / Re-certification):

Subject	TA (on-site)			
	Stage 1 On / Off –Site	Stage 2 On-Site	Surveillance 1	Surveillance 2
MD Allocation				

**Note:** The minimum time includes stage 1 and stage 2 of the initial certification audit but does not include the time for preparation of the audit nor for writing the audit report.

#### 3. Comments (if any):

#### 3. The MD- and code allocation is performed by:

Position: \_\_\_\_\_

Sign and Date: \_\_\_\_\_

#### Approval by Manager Commercial/MR:

1. The code allocation above is performed correct: YES  NO

#### 2. Comments (if any):

#### 3. Sign:

Date