

Application Form

Doc #: MHC/Rec-06

Rev #: 00

Page #: 1/6

Effective Date: 15 Feb, 24

APPLICATION FORM

HALAL PRODUCTS MANAGEMENT SYSTEMS & Requirements for Any Organization in Halal Food, Packaging Material

Minhaj Halal Certification (Pvt.) Ltd.

Address: Minhaj University Road, Township, Lahore Pakistan E-mail: info@minhajhalal.com Website: minhajhalal.com

Contact: + 92 42 35142024



Application Form

Doc #: MHC/Rec-06

Rev #: 00

Page #: 2/6

Effective Date: 15 Feb, 24



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

COMPANY D	DETAILS	5											
Company Na	ame:												
Company Re	egistrat	ior	ı No.										
Company N	TN No.												
Company Ad	ddress:												
Site Address	s: (If dif	fer	ent)										
Tel No.:							Cell #:						
Email:							Website:						
Contact Person:					Designat	ion		Cell #:					
Managemer	nt												
Representat		₹)					Cell #:						
Standard	PS	ĺ			0.1			53146				0.1	
(Tick √)	3733				Other		Accreditation	PNAC			(Other	
Products an	d Servi	ces	(Plea	se de	etail the pr	oduc	ts you produce ar	nd the ser	vices	you p	provid	de)	
Activities an	d Proc	ess	es on	site:	(Please lis	t dov	wn all site activitie	s)					
Halal Certifi	cation	Scc	pe (Ple	ease ı	note this de	scrip	tion shall show on t	he certific	ate a	fter ap	prova	al by	
MHC)													
Product/Bra	nd to l	oe (certific	ed:									
List of Products/Brands: (Use Annexure-I Format)													
Total No. of													
Employees:									1				
Managemen	nt /		Prod		n		Food Safety/			Sharia	/ Hala	al	
Admin			/ Pro	cess			Quality				,		
Permanent			Temp	oorar	γ		Seasonal		5	Subcoi	ntract	ted	



Doc #: MHC/Rec-06

Rev #: 00

Page #: 3/6

Effective Date: 15 Feb, 24

Application Form

No. of Shifts	Specific Ac	tivities
Total No. of Employees	No. of product Varieties.	
1 st Shift - No. of Employees	No. of production lines	
2 nd Shift - No. of Employees	No. of buildings	
3 ^{nr} Shift - No. of Employees	No. of warehouses / Store	

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@minhajhalal.com or post to the office address.
- 3. 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 MHC if any change occurs in the formulation hereafter.

Authorized Signature	Company Stamp	
Position	Date	

THANK YOU FOR COMPLETING THE APPLICATION FORM

Reviewed by Office Manager Compliance		Date	



Application Form

Doc #: MHC/Rec-06

Rev #: 00 Page

Page #: 4/6

Effective Date: 15 Feb, 24

ANNEXURE-I

List of Products/Brands

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



Application Form

Doc #:	MHC/Rec-06
DOC III.	141110/1100

Rev #: 01

Page#: 5/6

Effective Date: 15 Feb, 24

FOR MHC USE ONLY							
Certification / Registration Re	Certification / Registration Required:						
Code Allocation:							
Scope of Certification							
Category (As per PNAC Guideline)							
Sector Qualification Code (s)							

Recommended Team and Team Leader:

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

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



Application Form

Doc #: MHC/Rec-06

Rev #: 01

Page#: 6/6

Effective Date: 15 Feb, 24

calculation. (For while one only	Calculation:	(For MHC	Use Only	1
----------------------------------	--------------	----------	-----------------	---

- 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 and 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):

		TA	A (on-site)	
Subject	Stage 1 On /	Stage 2	Surveillance 1	Surveillance 2
	Off –Site	On-Site		
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 Man-Day and code allocation is performed by:								
Position:		Sign and Date:						
Approval by Certification Manager:								
1. The code allocation above is perform	rmed correct:	YES	NO 🗌					
2. Comments (if any):								
3. Sign:	4. Date:							