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| For PNAC Use only |  |  |  |  |  |

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|   | PNAC**Pakistan National Accreditation Council**1-Constitution Avenue,Opposite Prime Minister Office, G-5/2,Islamabad, **Pakistan.**Tel: 051-9206044, 9214065Fax: 051-9209510, 051-9222312 | **F-01/17****Issue Date: 30/08/18****Rev No: 02** |

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| --- |
|  **Application form for the Accreditation of Halal Certification Body** |

|  |
| --- |
|  **Please type or write clearly** |
| Halal Certification Body (HCB) **Address**  |  |
|  |
|  |
|  |
|  Postcode [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
| Tel:  |
| Fax: |
| Person to whom enquiries about this application should be directed  |
| **Name of Contact:** |
| **Designation:** |
| **Address:**  |
|  |
|  Postcode [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Tel: |
|  | Fax:  |
|  | E-mail: |
| Details of sub-offices/marketing offices in other cities |  |
|  |
|  |
|  |
| This application is for (tick appropriate boxes) [ ]  New accreditation as a Halal Certification Body for; [ ]  Halal (scope)-------------------------------------------------- [ ]  Extension of scope  |
| **For new accreditation only:** I enclosed (tick boxes) [ ]  A copy of the HCBs Quality Manual [ ]  Applicant fee-see note below |
| **Before completing the rest of this form, please read the following notes** |

**Notes on completing this form**

|  |
| --- |
| This form is divided into 6 parts, which must be completed: Part1- About yourselves Part 2 - About your staff Part 3 - Scope of application Part 4 - About your quality system Part 5 - Other approvals Part 6 - Declaration  |

|  |  |
| --- | --- |
| **For more information from PNAC** | Telephone: 051-9214065, 9222310 Fax: 051- 9209510, 9222312 |
| **PNAC’s Criteria Documents**  | Applicant CAB should study documents in Info Pack. i.e.,* Agreement between PNAC and an accredited HCB
* Accreditation Conditions for Halal Certification Bodies (Part 1&11)
* Fee schedule
 |
| **Need more space**  | Give additional information on separate paper sheets if required for more clarity of the information provided. |
| **Applicant fee** | Remember to enclose your applicant fee with this form. Fee is applicable in all cases such as first time application, scope extension and renewal etc. Please make cheques payable to PNAC. The application fee is non-refundable. |
| **Confidentiality**  | All information provided by CAB shall be kept Confidential.  |

**Part 1 - About HCB** Please type or write clearly

* 1. Name and position (Director level) of person authorising this application

|  |
| --- |
|  Title Name  |
| Name |  |
| Position |  |

**1.2** Name and address of parent organisation (if different from HCB address on page 1)

|  |  |
| --- | --- |
| Organisation |  |
| Address  |  |
|  |
|  |
|  Postcode [ ] [ ] [ ] [ ] [ ] [ ] [ ]  |
|  | Tel: Fax: |

**1.3 Address for invoicing (if different from HCB address on page 1)**

|  |  |
| --- | --- |
| Organisation |  |
| Address  |  |
|  |
|  |
|  Postcode [ ] [ ] [ ] [ ] [ ] [ ] [ ]   |
| Tel: Fax: |

**1.4 Information about ownership: please tick the appropriate box.**

|  |
| --- |
| [ ] Owned by an individual [ ] Owned by public limited Company[ ] Owned by a private company/partnership [ ] Part of learned/tech institution [ ] Owned by a public body/nationalised industry [ ] Part of an academic institutionOther: Please describe |

**1.5 Is Halal Certification the main activity of the CAB?**

|  |
| --- |
|  [ ] Yes [ ] No: describe the main activities of the CAB  |

**Part 2 – HCB Staff** Please type or write clearly

2.1 Please list the names, qualifications and relevant experience of the following staff

1. **Chief Executive**

|  |  |
| --- | --- |
| Name ReligionQualifications Relevant Experience  |  |
|  |
|  |
|  |
|  |

1. **Shariah Expert/Adviser**

|  |  |
| --- | --- |
| Name ReligionQualifications Relevant Experience  |  |
|  |
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**C. Quality Management Representative**

|  |  |
| --- | --- |
| Name ReligionQualifications Relevant Experience  |  |
|  |
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**D. Management (if more than three members please attach extra sheet)**

|  |  |
| --- | --- |
| Name ReligionQualifications Relevant Experience  |  |
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| --- | --- |
| Name ReligionQualifications Relevant Experience  |  |
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| --- | --- |
| Name ReligionQualifications Relevant Experience  |  |
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* 1. Please list the names, qualifications, relevant auditing fields and experience of the Auditors/Experts/Technologists who are permanent employees of the company.
1. **Auditors/Experts** (if required please attach extra sheets)

|  |  |
| --- | --- |
| Name ReligionQualifications Auditing Field Audit Exp.  |  |
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| Name ReligionQualifications Auditing Field Audit Exp.  |  |
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| Name ReligionQualifications Auditing Field Audit Exp. |  |
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| Name ReligionQualifications Auditing Field Audit Exp. |  |
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| Name ReligionQualifications Auditing Field Experience |  |
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| Name ReligionQualifications Auditing Field Audit Exp. |  |
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| Name ReligionQualifications Auditing Field Audit Exp. |  |
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1. Please list the name, qualification, relevant auditing field and experience of the Auditors/Experts who are not the permanent employees of the company like Sub-contracted/Free lance/Empanelled Auditors/Experts (if required please attach extra sheets)

|  |  |
| --- | --- |
| Name ReligionQualifications Auditing Field Experience  |  |
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| Name ReligionQualifications Auditing Field Audit Exp. |  |
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| Name ReligionQualifications Auditing Field Audit Exp. |  |
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| Name ReligionQualifications Auditing Field Audit Exp. |  |
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**Part 3 - Scope of application**

(For ref please see Annex-(A) in Accreditation Conditions for HCB)

List all the sectors/areas required for accreditation (if required please attach extra sheets)

**e.g.,**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Cat. Code** | **Category** | **Category Example** |
| 1 | A | Farming 1 (Animals) | animals; fish; egg production; milk production; beekeeping; fishing; hunting; trapping |
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**Part 4 - Quality System**

Please answer every question, adding comments as necessary

**A. Organisation & Management**

|  |  |  |
| --- | --- | --- |
|  | **Yes No** | **Quality Manual reference/other Comments** |
| 1. Has the copy of the Quality Manual provided with this application?If "No" give reason  |  [ ]  [ ]  |  |
| 2. Has the policy and procedures for the operation of the HCB identified in the Quality Manual? |  [ ]  [ ]  |  |
| 3. Have the documented procedures for control of the changes to the Quality System Documentation provided? |  [ ]  [ ]  |  |
| 4. Has the Quality Manual contain charts showing* The organisation structure of HCB.
 |  [ ]  [ ]  |  |
| * The relationship to any parent organisation?
 |  [ ]  [ ]  |  |
| * Availability of resources to carry out the task?
 |  [ ]  [ ]  |  |
| 5. Has the Shariah expert held the responsibility alone and with authority to identify and accept/reject related Halal matters according to Shariah? | [ ]  [ ]  |  |
| 6. Has the QMR the responsibility and authority to identify quality problems and initiate effective solutions? |  [ ]  [ ]  |  |
| 7. Has the HCB been held legally responsible for its activities? | [ ]  [ ]  |  |
| 8. Has the quality manual referred to the availability of financial resources to carry out the Halal Certification activities?  |  [ ]  [ ]  |  |

**B. Quality audit and review**

|  |  |  |
| --- | --- | --- |
|  | **Yes No** | **Quality Manual reference/other Comments** |
| 1. Has the documented quality procedures identified for auditing all HCB systems? |  [ ]  [ ]  |  |
| 2. How frequently quality audits are held? |  |
| 3. Has the records of quality audits maintained? |  [ ]  [ ]   |  |
| 4. Has the HCB's quality system reviewed at regular intervals? |  [ ]  [ ]   |  |
| 5. How frequently review of the quality system is conducted? |  |  |

**C. Halal Certification Body staff**

|  |  |  |
| --- | --- | --- |
|  | **Yes No** | **Quality Manual reference/other Comments** |
| 1. Has the Quality System identified the provisions for the proper supervision of qualified/unqualified staff? | [ ]  [ ]   |  |
| 2. Have appropriate standards of professional ability, Islamic knowledge, qualifications and experience been prescribed for managerial posts?  |  [ ]  [ ]  |  |
| 3. Are documented training arrangements and records available? | [ ]  [ ]  |  |

**D. Procedures**

|  |  |  |
| --- | --- | --- |
|  | **Yes No** | **Quality Manual reference/other Comments** |
| 1. Are all procedures fully documented? |  [ ]  [ ]  |  |
| 2. Are the documents referred above made available to all concerned sections? |  [ ]  [ ]  |  |

**E. Records**

|  |  |  |
| --- | --- | --- |
|  | **Yes No** | **Quality Manual reference/other Comments** |
| 1. Is there a prescribed system for maintaining records? |  [ ]  [ ]  |  |
| 2. Are there arrangements for ensuring the accuracy, completeness and confidentiality of all records? |  [ ]  [ ]  |  |
| 4. Does and how long the HCB retains the original recorded observations and derived data? |  [ ]  [ ]  |  |

**F. Complaints and anomalies**

|  |  |  |
| --- | --- | --- |
|  | **Yes No** | **Quality Manual reference/other Comments** |
| 1. Has the HCB documented procedure for handling complaints/anomalies? |  [ ]  [ ]  |  |
| 2. Does the HCB keep records of complaints/anomalies and actions taken? |  [ ]  [ ]  |  |

**G. Sub-contracting**

|  |  |  |
| --- | --- | --- |
|  | **Yes No** | **Quality Manual reference/other Comments** |
| 1. Does the HCB sub-contract assessments/audits |  [ ]  [ ]  |  |
| 2. Does the CB has a documented policy on sub-contracting? |  [ ]  [ ]  |  |
| 3. Does the HCB have a register of all sub-contractors used and a record of sub-contracted work? |  [ ]  [ ]  |  |

**H. Outside Support Services**

|  |  |  |
| --- | --- | --- |
|  | **Yes No** | **Quality Manual reference/other Comments** |
| 1. Does the HCB have a documented policy on the procurement of supplies and support services? |  [ ]  [ ]  |  |
| 2. Does the HCB keep records of such suppliers? |  [ ]  [ ]  |  |

**I. Compliance with PS 4992:2010, PNAC Accreditation Requirements and guidelines**

|  |  |
| --- | --- |
|  | **Yes No** |
| 1. Does the HCB complies with the requirements of PS 4992:2010 and PNAC accreditation requirements and guidelines.  |  [ ]  [ ]  |
|  | **Area of non-compliance**  | **Rectified by (date)** |
| If "No" then in which specific areas do not comply, and when non-compliance will be rectified? |  |  |
|  |  |
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**Part 5 - Other Approvals (Accreditation / Certification)**

Please provide detail current approvals held by your Certification Body

|  |  |  |
| --- | --- | --- |
| **Name & address of approval body** | **Scope of accreditation/approval and number of certificate (if any)** | **Period of accreditation/approval** |
|  |  | Start | Expiry Date |
|  |  |  |  |
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**Part 6 - Declaration**

This declaration should be made by the person named in Section 1.1

|  |
| --- |
| 6.1 That the Certification Body applies to PNAC for accreditation for (please tick appropriate boxes) [ ]  Halal(Scope as per Annex A)[ ]  An extension in scope of existing accreditation. 6.2. That the organisation agrees to conform with PNAC requirements, upon accreditation, as detailed in the Agreement [F-01/18]. 6.3. That I enclose a copy of Quality Manual (see Note below) 6.4. That I enclose a cheque (payable to PNAC) as the Applicant fee \_\_\_\_\_\_\_\_ and I understand that this fee is non-refundable. (See Note below). 6.5. That I understand the procedures of accreditation system and functions. 6.6. That I declare that the information given in this form is correct to the best of my knowledge and belief Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Note:** PNAC will not process application until it has received Quality Manual, procedures of the CAB and application fee of PNAC.  |

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| **When completed, return this Form to:**  The Director Certification Bodies **Pakistan National Accreditation Council** 1-Constitution Avenue, Opposite Prime Minister Office, G-5/2,Islamabad, **Pakistan.**Tel: 051- 9214065Fax: 051-9209510, 051-9222312 |

|  |
| --- |
| **For PNAC use only:****Application and Resource Review:**Resources are available to conduct timely assessment according to PNAC policies, competence and availability of suitable assessor/experts[ ]  YES[ ]  NoRemarks (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed By: Sign & Date |