**Company Details**

|  |  |
| --- | --- |
| Name of Company |  |
| Relationship in a larger corporation/group of companies, if any |  |
| Chief Executive/MD |  |
| Contact Person/MR |  | CNIC of contact Person / MR |  |
| Address  |  |
|  |
| NTN/FTN (as applicable) |  |
| Sales Tax Registration No. |  |
| Ph. No/Fax |  |
| Email / Web Address |  |

**Process Activities**

|  |  |
| --- | --- |
| Describe Final Product(s) /Service(s)(Scope of Work)(For GDPMD, follow Medical Device Rules 2015 by DRAP) |  |
| Process Description  |  |
| Significant Hazard / Halaal Risk(e.g Ingredient like flavor source(Attach separate sheet if required) |  |
| Safety Conditions (If Any) |  |
| Views/Reports of interested parties (If any) |  |
| Applicable Legal / other Requirements (If Any) |  |
| Raw Materials  |  |
| Out Sourced Processes (If any) Please specify extent of outsourcing with respect to scope |  |
| Holding any other Certification(e.g. ISO 9001, ISO 22000)Certificate Validity Date |  |
| Transfer Certification (If Any) Specify reason |  |

|  |  |
| --- | --- |
| **Client Type** | Initial Certification Recertification Transfer Change in scope |

**Certification Scheme (Tick) Accredited Non Accredited**

|  |  |  |  |
| --- | --- | --- | --- |
| ISO 9001 QMS  | ISO 14001 EMS | IMS (ISO 9001, 14001…..) | OHSAS 18001 |
| HACCP | ISO 22000 FSMS | PS 3733 HFMS (Halaal) | ISO 27001  |
| GDPMD | Any Other Please specify |

**Site Details**

No of Sites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sites****Sr. #** | **Site Address** | **No of Employees** | **Nature / Scope of Work** | **No of Shifts** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Use extra sheet for more sites

**Personnel Details Shift Wise:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site #** | **Shift Detail / Timings** | **No of Persons** | **Site #** | **Shift Detail / Timings** | **No of Persons** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Temporary Unskilled Personnel |  | No of person doing identical jobs (transport, cleaning, assembly lines, etc). |  |

**Personnel Details Department Wise**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department** | **No of Employees** | **Department** | **No of Employees** |
| Production / Services |  | Quality Assurance/Quality Control |  |
| Human Resource /Admin |  | Sales/Marketing |  |
| Other (Maintenance, Store etc) |  | Any other function |  |

**Consultancy Company and Name of consultant (If any for last 2 years)**

|  |
| --- |
|  |

**Expected Duration for Audit Preparation**

|  |
| --- |
|  |

**Certificate of Business Registration No. (e.g. Security Exchange Commission Pakistan) if any**

|  |
| --- |
|  |

**Process Line & Halal Control Point Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **# of Processing Lines** |  | **# of Halaal Studies** |  |
| **# of Halaal Control Points** |  | **Halal Control Points (HCP) Description**(Attach HCP, Process Flow as applicable) | **HCP 1 HCP 2** |

**Brands/Raw Materials & Ingredients**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S. No | Product (Brand) Name | Raw Materials/Ingredients/Additives & E No. if applicable | Suppliers | Either Supplier Providing Halal Certified ingredients/ Raw materials |
| 1 |  | 1) | 1) 2) 3) |  Yes No Not Sure |
| 2) | 1) 2) 3) |
| 3) | 1) 2) 3) |
| 4) | 1) 2) 3) |
| 5) | 1) 2) 3) |
| 2 |  | 1) | 1) 2) 3) |  Yes No Not Sure |
| 2) | 1) 2) 3) |
| 3) | 1) 2) 3) |
| 4) | 1) 2) 3) |
| 5) | 1) 2) 3) |
| 3 |  | 1) | 1) 2) 3) |  Yes No Not Sure |
| 2) | 1) 2) 3) |
| 3) | 1) 2) 3) |
| 4) | 1) 2) 3) |
| 5) | 1) 2) 3) |
| 4 |  | 1) | 1) 2) 3) |  Yes No Not Sure |
| 2) | 1) 2) 3) |
| 3) | 1) 2) 3) |
| 4) | 1) 2) 3) |
| 5) | 1) 2) 3) |
| 5 |  | 1) | 1) 2) 3) |  Yes No Not Sure |
| 2) | 1) 2) 3) |
| 3) | 1) 2) 3) |
| 4) | 1) 2) 3) |
| 5) | 1) 2) 3) |

Use extra sheet if required (CeSP keeps all information confidential), Please attach company profile (if available)

**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.

**CeSP Authorized Representative (For CeSP use only)**

|  |  |
| --- | --- |
| Name:  | Designation:  |
| Signature/Date  | Recommended for Application ReviewYes NoRemarks (if not recommended) |
| Final Approval (After Application Review) | Yes NoRemarks (If not approved) |
| Application No:  |  |

**Certification Services Pakistan,**

NIE Complex, NECOP Building, 1st Floor,

Plot # 17, Street # 6, H-9/1, Islamabad, Pakistan.

Email: info@cesp.com.pk

Phone: 92-51- 8438844-5 Fax: 92-51-4865360