**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 Review  Yes No  Remarks (if not recommended) |
| Final Approval (After Application Review) | Yes No  Remarks (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](mailto:info@cesp.com.pk)

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