

Application Checklist for Registration of Local Halal Certification Body (LHCB)

| Sr. No. | Description | Check Box | Remarks |
|------------|--|--------------|---------|
| 1. | Application on Company letter pad | | |
| 2. | Name of Organization | | |
| 3. | Organization Profile & Chart | | |
| 4. | Organization Logo/Mark | | |
| 5. | Organization Registration / License | | |
| 6. | Specimen of Halal Certificate | | |
| 7. | Specimen of Halal Logo / Mark | | |
| 8. | Specimen of Authorized Signature & Name | | |
| 9. | Copy of NTN Certificate | | |
| 10. | Copy of Auditors Qualification Certificate | | |
| 11. | Copy of Shariah Advisory Board Qualification Certificates | | |
| 12. | Copy of National/International Recognition / Accreditation Certificates/ Letters | | |
| 13. | Copy of Certification, Operational & Monitoring Standard Operating Procedure (SOP)/ Others Standard | | |
| 14. | Registration Fee Cheque/ Pay order in favor of: "Receipt account of Pakistan Halal Authority PHA Islamabad" | | |
| 15. | Directory of certified client(s) | | |

Application Form for Registration of Local Halal Certification Body (LHCB)

- Important Notes:**
1. Applicant shall read and understand the Procedure for Registration of Local Halal Certification Body (LHCB) available on PHA Website.
 2. Applicant shall fill up all the information correctly and attach all documents mentioned in checklist.

Application Type New Renew

Applicant Status Government Body Private Body

A. APPLICANT DETAILS

(1) Name of Organization.....

(2) Chairman/Director.....

(3) Business/ Registration No.

(4) Year of Establishment

(5) Address of Head Office

(6) Address

(State/Province) (City) (Postal Code)

..... Contact Details. (Land Line).....

(Cell)..... (Fax No.)

Email.....Website.....

(7) Contact Person (Name)

Designation/ PositionContact Number

(Fax No.) E-mail.....

B. BRANCH/OPERATIONAL OFFICE

(Attach details of branch/operational offices as per clause A-6)

C. ADMINISTRATIVE DETAILS *(Attach details of branch/operational offices)*

(8) Total Number of Managerial Staff.....

| Sr. No. | Name | Designation | Qualification | Remarks |
|---------|------|-------------|---------------|---------|
| | | | | |
| | | | | |

D. AUDITORS

a. Technical *(Enclose copy of qualification certificates)*

| Sr. No. | Name | Qualification | Remarks |
|---------|------|---------------|---------|
| | | | |
| | | | |

b. Shariah *(Enclose copy of qualification certificates)*

| Sr. No. | Name | Qualification | Remarks |
|---------|------|---------------|---------|
| | | | |
| | | | |

E. SHARIAH ADVISORY BOARD *(Enclose copy of details)*

| Sr. No. | Name | Field of Expertise / Qualification | Status (Permanent / Contract) |
|---------|------|------------------------------------|-------------------------------|
| | | | |
| | | | |

F. INTERNATIONAL RECOGNITION / ACCREDITATION

(Enclose copy of recognition / accreditation certificates)

| Sr. No. | Scope of Recognition / Accreditation | Accreditation Body | Validity |
|---------|--------------------------------------|--------------------|----------|
| | | | |
| | | | |

G. SCOPE OF CERTIFICATION

| | | | |
|------------------------------------|--|-----------------------------|--|
| Foods / Beverages | | Pharmaceuticals/ Drugs | |
| Meat and Meat Products | | Cosmetics/Personal Care | |
| Food Premises/ Hotels /Restaurants | | Slaughter Houses/ Abattoirs | |
| Logistics Services | | Halal Media | |
| Halal Textile | | Consumer goods | |
| Halal Tourism | | Others | |

(Attach the list of certified companies and products for each category as per the following format)

| Sr. No. | Company / Manufacturer Name | Scope of Business | Product Brand/Type of Services | Address & Contact Details (email & tel) |
|---------|-----------------------------|-------------------|--------------------------------|---|
| | | | | |
| | | | | |

VIDEOS / PHOTOGRAPHS OF LHCB

(attach link/url for download if applicable)

Please attach the following items:

- Labeled photographs or video of LHCB.
- The external view of the LHCB (front, sides and back) and its surroundings.

H. DECLARATION

I declare that the information given above is true and correct.

Name and designation of person who submitted the above information

Office address

E-mail address

Telephone

Signature and Official Stamp

Date

For Official Use Only

Date of Application received:

Received by:

Reviewed by:

Signatures:

Application No.