|  |  |
| --- | --- |
| C:\Users\moiz\Downloads\SANHA-LOGO-WITH-R-copy.png | ***SANHA HALAL ASSOCIATES PAKISTAN (PVT.) LIMITED***  **HALAAL MANAGEMENT SYSTEM-PS 3733-2019**  **CERTIFICATION QUESTIONNAIRE** |
| **PURPOSE OF THIS QUESTIONNAIRE**  THIS QUESTIONNAIRE IS PROVIDED TO THE APPLICANTS TO ALLOW US TO UNDERSTAND YOUR BUSINESS AND TO PROVIDE YOU WITH THE BEST POSSIBLE SERVICES. ALL FIELDS MUST BE FILLED TO AVOID ANY DELAY. YOU ARE STRONGLY ADVISED TO FILL IN THE QUESTIONNAIRE ACCURATELY. YOUR QUESTIONNAIRE WILL BE INVALID AND WILL BE AUTOMATICALLY WITHDRAWN IN CASE OF WRONG INFORMATION PROVIDED. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Legal Name** |  | | |
| **Trading Name** (if different from above) |  | | |
| **Registered Office Address** |  | | |
| **No. of Production / Processing Sites** |  | | |
| **Physical Address(es)** |  | | |
| **3rd Party Manufacturing** | No  Yes – if yes, please provide details | | |
| **Total No. of Employees** |  | **No of Shifts** |  |
| **Facility Size** | square feet | **Website** |  |
| **Scope Details** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Halaal Food Management Representative *(Must be a Muslim)*** |  | | |
| **Position Title within Company** |  | **Tel** |  |
| **E-mail** |  | **Mobile** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Brand/s Name** | |  | | | | | |
| **Total No. of Products** |  | **No. of Product Variety** | |  | **No. of Production/Processing Lines** | |  |
| **Total No. of Raw Materials**  (both active and inactive ingredients as well as processing aids used) | |  | **No. of Chemical/ Synthetic** **R.M** | | **No. of Plant R.M** | **No. of Animal R.M** | |
|  | |  |  | |  |  | |
| **No. of HACCP Studies** | |  | | | | | |
| **Halaal Facility type** | | Dedicated | | | Non-Dedicated | | |

|  |  |
| --- | --- |
| **Have you obtained copy of the Halaal Standard PS: 3733-2019?** | No  Yes |
| **Are the programs and documents required by the PS: 3733 standard in place and operational?** | No  Yes |
| **Have the personnel carrying out activities having an impact/s on Halaal food safety, obtained Halaal training?** | No  Yes – if yes, please provide details |
| **Have you performed a Halaal risk analysis?**  (Please enclose a manufacturing chart for your activity) | No  Yes – if yes, how many Halaal control points(HCP) have you identified? |
| **Is the company certified for other management systems** | No  Yes – Standard(s)  Please enclose a copy of relevant certificates |

|  |  |  |
| --- | --- | --- |
| **Signature of Company Owner/**  **Senior Manager** | **If completed electronically, please indicate signature herewith an “X”** | Name:  Position:  Date: |
| **SANHA Representative/ Manager** | |  |