

Application Halal Certification

Please select the standard applied:

☒ PS 3733-2022(R) OIC/SMHC 1:2019

Company Name			
Address (Head Office)			
		Postcode	
Telephone		Extension	
Email			
Company Website			
Management Representative Name		Job Title	
Primary Contact for Audit Purposes		Telephone	
Name of Consultant (if any)		Telephone	
Nature of Business		Number of years at this site	
Does your company conduct any activities on Clients' sites <input type="checkbox"/> YES <input type="checkbox"/> NO? (If YES please list activity)		NO	
Management systems that your company have (including those that this application does not cover)		<input type="checkbox"/> ISO 9001:2015 <input type="checkbox"/> OHSMS 45001 <input type="checkbox"/> ISO 14001:2015 <input type="checkbox"/> OTHER, please specify <input type="checkbox"/> HACCP & FSSC 22000 <input type="checkbox"/> FSMS 22003 <input type="checkbox"/> Halal PS 3733	
Multi-Site Operations			
Number of Locations			
<u>Please list all site addresses to be included in the scope</u>		<u>Main Activities at each Site</u>	

<u>Company Employees within the Scope (Breakdown)</u>	
Category/Description/Department	Total Permanent
Total	
Main Processes and materials used	
Main Scope and boundaries for Certification/ Applied Category	
Does your company's quality manual fully address PS 3733-2022?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Are there any excluded/non-applicable clauses of PS 3733-2022?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, what are they and how are they justified?	
Are there any outsourced processes?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If Yes, please detail them	
Name:	Position:
Date:	
Signed	

END OF APPLICATION