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| **APPLICATION FORM** |
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| --- | --- | --- | --- |
| **Application No.:** Filled by HQC | | **Date: 06.01.2023** | |
| **Full Company Name with corporate form:** | Full Company Name with corporate form | | |
| **Address of the company:** | Street, Postal code, City, Country | | |
| **The nearest airport:** | Name, Distance from airport to the site | | |
| **Operation:** | **Manufacturer** | | **Repacking/filling** |
|  | **Toll-manufacturer** | | **Reseller/distributor** |
|  | **Slaughterhouse** | | **Meat Processing** |
|  | Other: | | |
| **Contact Person:** | Name, Position, Tel, Email, Mobile | | |

# **Billing (invoice) Address** **Same as above. If not, please fill in the form below.**

|  |  |
| --- | --- |
| **Address:** | Name, Street, Postal code, City, Country |
| **VAT-No. / USt-ID-Nr.:** | VAT-No. / USt-ID-Nr. |

# **Address of the main site to be Audited** **Same as above. If not, please fill in the form below.**

|  |  |
| --- | --- |
| **Address:** | Name, Street, Postal code, City, Country |
| **The nearest airport to the site:** | Name, Distance from airport to the site |

# **Further involved sites (other than the main site).** **Only one site (The main one). If there are many than please fill in the form below.**

|  |  |
| --- | --- |
| **Company site(s):** | How many, Details |
| **Toll manufacturer(s):** | How many, Details |
| **Others:** | Details |

# **Scope & Category of product(s) to be certified.**

|  |  |
| --- | --- |
| **Number of product(s) to be certified** | How many, Details |
| **Category of product(s) to be certified** | Short description |
| **No. of all Product(s) in the whole company** | How many, Note (If any) |

# **Information about site activities, production, and employees.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number of all employees:** | In the whole company | | | |
| **Number of employees working in the site to be certified:** | If the request is submitted to more than one site, please specify the number in each site | | | |
| **Number of employees in production:** | In production only | | | |
| **Production lines** **involved in Halal production:** | How many, Note (If any) | | | |
| **No. of all production lines (For Halal and non-Halal production):** | If the request is submitted to more than one site, please specify the number in each site | | | |
| **Are Halal and non-Halal products handled at the production site?** | | Yes | | No |
| **If yes, are separate lines used for the Halal production?** | | Yes | | No |
| **Do you have pork or it's derivatives in the facility?** | | Yes | | No |
| **Cleaning of appliances / production surfaces** | Completely wet cleaning | | Only dry cleaning | |
| Mixed wet and dry | | Cleaning is not applicable | |
| **Short description of the site activities** | Site activities | | | |

## **For Slaughterhouse and Meat Processing activities only**

|  |  |  |
| --- | --- | --- |
| **What types of animals are handled on this site?** | Please specify | |
| **Which stunning methods does the company use (If any)?** | Electrical | Captive bolt |
| Gas stunning | ☐ Other: |
| **Which method of slaughtering does company use?** | Manual | Mechanical slaughtering |
| **Is it ensured, that animals remain alive during and after shock and on slaughtering, which is marked with the post-slaughtering movement?** | Yes | No |

# **QM System and existing certification of the company.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Have you ever obtained a Halal certificate for the above product(s)?** | | | | Yes | No |
| **Have you ever been refused Halal Certification for the above product(s)?** | | | | Yes | No |
| **Does the company have a quality management system in place** | | | | Yes | No |
| **Existing certificates of the company:** | ISO: Type (If exist) | IFS: Type (If exist) | Koscher: Type (If exist) | | |
| BRC: Type (If exist) | GMP: Type (If exist) | FSSC 22000: Type (If exist) | | |
| Other existing certificates: Please specify | | | | |

# **Application Review (for HQC internal use only).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Application Review Form | | | | |
| Date of Review: 06.01.2023 | | | | |
| **Reviewer(s):** | 1. Name, Job title | | | |
| 1. Name, Job title | | | |
| Results of the Application Form Review | | | | |
| As a result of the review preformed, The reviewer[s] can agree that the production or processing activities of the applicant have resulted in the following outcome: | | | | |
| Application is accepted | | Application is dismissed | | Application needs further clarification |
| Clarification or Remarks: | | | | |
| Recommendations for administrative Department (If any): | Recommendations | | | |
| Recommendations for Finance Department (If any): | Recommendations | | | |
| Recommendations for Auditing Department (If any): | Recommendations | | | |
| Determined Certification Category: | Certification Category | | | |
| Determined Reference Halal Standard(s): | Reference Halal Standard(s) | | | |
| 1st reviewer Signatur | | | 2nd reviewer Signatur (If any) | |