

### For Mastercert Official Use

|                         |              |                          |            |                    |                                   |
|-------------------------|--------------|--------------------------|------------|--------------------|-----------------------------------|
| <b>Application No</b>   |              | <b>Date</b>              |            | <b>Assigned to</b> |                                   |
| <b>Registration For</b> | <i>Halal</i> | <b>Registration Type</b> | <i>New</i> | <i>Renewal</i>     | <i>Extension</i> <i>Reduction</i> |

### Applicant Details

|                          |  |  |                |             |                |
|--------------------------|--|--|----------------|-------------|----------------|
| <i>Organization Name</i> |  |  |                |             |                |
| <i>Address (Line 1)</i>  |  |  |                |             |                |
| <i>Address (Line 2)</i>  |  |  |                | <i>City</i> |                |
| <i>Pin code</i>          |  |  | <i>State</i>   |             | <i>Country</i> |
| <i>Phone No</i>          |  |  | <i>Website</i> |             |                |

### Applicant Information

|                                       |  |                |                    |  |
|---------------------------------------|--|----------------|--------------------|--|
| <i>Management Representative Name</i> |  |                | <i>Designation</i> |  |
| <i>Contact Number</i>                 |  | <i>Mail id</i> |                    |  |
| <i>Technical Representative Name</i>  |  |                | <i>Designation</i> |  |
| <i>Contact Number</i>                 |  | <i>Mail id</i> |                    |  |

### Original Products Producer Details

|   |  |  |               |             |                |
|---|--|--|---------------|-------------|----------------|
| <i>No of Production Sites within the Organization to be Audited</i> |  |  |               |             |                |
| <i>Organization Name</i>  |  |  |               |             |                |
| <i>Address (Line 1)</i>   |  |  |               |             |                |
| <i>Address (Line 2)</i>   |  |  |               | <i>City</i> |                |
| <i>Pin code</i>   |  |  | <i>State</i>  |             | <i>Country</i> |
| <i>Phone No</i>   |  |  | <i>Fax No</i> |             |                |
| <i>FSSAI License No</i>   |  |  |               |             |                |
| <i>HACCP Certification</i>  |  |  |               |             |                |
| <i>Other Certifications</i>   |  |  |               |             |                |
| <i>Website</i>  |  |  |               |             |                |

### Audit Time Determination

|                              |  |  |
|------------------------------|--|--|
| <i>Plant Size</i>            | <i>Including Storage Area (m<sup>2</sup>)</i>  |  |
| <i>Number of HACCP Plans</i> | <i>A single HACCP Plan represents a group of products under one product category with similar hazards and production methods</i>         |  |
| <i>Number of Shifts</i>      | <i>Shift operations during seasonal &amp; off-seasonal production</i>  |  |
| <i>Number of Employees</i>   | <i>Include full time/main shift personnel working in Unit including seasonal workers &amp; excluding office and non-production staff</i> |  |

### Scope

|                 |  |  |
|-----------------|--|--|
| Scope of Audit  | All activities involved in the site including preservation, storage                              |  |
| Scope Exclusion | Process that happens outside the unit for product under certification                            |  |
|                 | Are the products excluded from the scope of Audit distinguishable from products to be certified? |  |

### Product Details

|   |                    |                       |      |
|---|--------------------|-----------------------|------|
| No of Products  |                    | No of Production Line |      |
| Product Category  |                    |                       |      |
| Does the site handle traded goods or store goods produced from other units? | Yes                | No                    |      |
| Does the site handle Seasonal Products or produce only seasonal products?   | Yes                | No                    |      |
| If Yes, Give details.   | Season Starts From |                       | Till |
| Any products excluded from certification                                    |                    |                       |      |
| Brand Name of Products under certification                                  |                    |                       |      |
| Products export destination   |                    |                       |      |

### Applicable Halal Standard & Scheme

|  |  |
|--|--|
| GSO 2055-1:2015 - Requirements for Halal Food      | MCI-SC-001 Mastercert Product Certification Scheme for Food Products & Additives |
| GSO 2055-4:2014 - Requirements for Halal Cosmetics | MCI-SC-002 Mastercert Product Certification Scheme for Slaughter House           |
| GSO 993:2015 - Animal Slaughtering Requirements    | MCI-SC-003 Mastercert Product Certification Scheme for Cosmetics & Personal Care |

### Document Checklist

|                                    |   |
|------------------------------------|---|
| FSSAI License                      | Process Flow & Description of process       |
| Company Registration               | HACCP Plan for products under certification |
| Product Details                    | Test report for Product category            |
| Raw Material & Ingredients Details | Declaration of Conformity                   |
| Supplier Details                   | Artwork & Label of the Products             |
| Layout of the unit                 | Certification Agreement                     |

Note: Other documents maybe required to confirm the compliance to the standards and shall be provided upon request.

### Declaration

We hereby apply for Halal Certification as per Halal Standard & Scheme selected above. We agree to comply with Standard & Scheme requirement, Certification Procedures at all times during the Certified duration.

|             |  |           |  |
|-------------|--|-----------|--|
| Name        |  | Date      |  |
| Designation |  | Signature |  |

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