# APPLICATION FORM

Please complete the Application Form and mail / Email it to the address shown above, we will then submit a Certification Proposal as per your situation, the information provided shall be treated with strict confidence.
**No application fee shall be charged for this application.**

| COMPANY DETAILS | | | | |
|---|---|---|---|---|
| **Company Name:** | | | | |
| **Brand Name:** | | | | |
| **Company NTN No.** | | | | |
| **Company Address:** | | | | |
| **Site Address: (If different)** | | | | |
| **Tel No.:** | | | **Cell #:** | |
| **Email:** | | | **Website:** | |
| **Contact Person:** | | **Designation** | | |
| **Contact Details:** | | **Email:** | | |
| **Food Safety Team Leader:** | | | **Email:** | |
| **Audit Standard:** | | | **ISO 22000** | **Any Other:** |
| **Products and Services:** (Please detail the products you produce and the services you provide) | | | | |
| **Activities and Processes on site:** (Please list down all site activities) | | | | |
| **Certification Scope** (Please note this description shall show on the certificate after approval by ASSESS International ): | | | | |
| **Product/Brand to be certified:** | | | | |

| | |
|---|---|
| **List of Products/Brands:** (Use Annexure-I Format) | |
| **Total No. of Employees:** | |
| Permanent | |
| Temporary: | |
| Subcontracted: | |

| **No. of Shifts** | |
|---|---|
| Total No. of Employees | |
| 1st Shift - No. of Employees | |
| 2nd Shift - No. of Employees | |
| 3nr Shift - No. of Employees | |
| **Specific Activities** | |
| No. of product Varieties. | |
| No. of production lines | |
| No. of buildings | |
| No. of warehouses / Store | |
| **Product Process Flow** (Please Attach process flow chart.) | |
| **List of subcontracted activities:** (i.e. Machining, calibration, delivery/logistics, Pest, Lab, etc.) | |
| **Number of HACCP Studies.** (Attach HACCP Study/Food Safety Risk Assessment Please) | |

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**List of any other existing certified management System:** (Please Tick out.)
(Attach Certificates Please)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **GMP/HACCP** | | **ISO 9001** | | **ISO 14001** | | **Other** | |

| | |
|---|---|
| **Suggested date(s) for Audit:** | |

**Note: Kindly ensure prior facilitation on the above items:**

1. Kindly endorse the application with a company stamp.
2. Please return filled application form together with the required full disclosures through email info@assess-int.com or post to the office address.
3. Application forms will only be accepted when fully completed and duly signed by the Proprietor /Director or authorized representative. Failure to adhere to the above guidelines, may delay the process.

**Declaration:** I/we ensure that the data presented for Halal Certification is grounded in actual procedures. We also commit to notifying ASSESS International in advance of any modifications that we make to the formulation in the future.

| | | | |
|---|---|---|---|
| **Authorized Person Name:** | | | |
| **Authorized Signature:** | | **Company Stamp** | |
| **Position** | | **Date** | |
| | | | |

## Annexure – I

| List of Products/Brands | | |
|---|---|---|
| **No.** | **Product / Brand Name** | **Description** |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| **Certification / Registration Required:** | | |
| **Code Allocation:** | | |
| **Scope of Certification:** | | |
| **Category:** | | |

| FOR ASSESS International USE ONLY | | | | |
|---|---|---|---|---|
| **Reviewed by:** | | | **Date:** | |

**1. Calculation of MD for initial audit:**

i. The minimum audit time for a single site, **Ts**, expressed in days, is calculated as follows:

**Ts = (TD + TH + TMS + TFTE)**

**TD** is the basic on-site audit time, in days
**TH** is the number of audit days for additional HACCP studies
**TMS** is the number of audit days for absence of relevant management system;
**TFTE** is the number of audit days per number of employees.

ii. Minimum audit time for each additional site: **Tasv = Ts * 50/100**

ii. The minimum surveillance audit time is 1/3 of the initial audit certification time and minimum recertification audit time is 2/3 of the initial audit certification time.

**2. MD allocation (Certification / Re-certification):**

| Subject | Ts (on-site) | | |
|---|---|---|---|
| | Stage 1 On / Off –Site | Stage 2 On-Site | Surveillance 1 |
| MD Allocation | | | |

**Note:** The minimum time includes stage 1 and stage 2 of the initial certification audit but does not include the time for preparation of the audit nor for writing the audit report.

**3. The Man-Day and code allocation is performed by:**

**Position:** _____ **Sign and Date:** _____

**Approval by Operation Manager:**

**4. Date:**

**Recommended Team and Team Leader:**

Approved LA and Team members (if any), and covering the needed codes

| Audit Type | Audit Team Members | Expected Time of Audit / Sign |
|---|---|---|
| **Stage I On / Off–Site** | | |
| **Stage II** | | |
| **Surveillance I** | | |
| **Surveillance II** | | |

| Doc. No. | Date | Prepared By | Approved By | Signature | Stamp |
|---|---|---|---|---|---|
| AI-FSMS-REC-005 | February 08, 2024 | Scheme Manager | CEO | | |

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |


ASSESS
INTERNATIONAL