



QTAWA Ref. No:														
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APPLICATION FOR ACCREDITATION OF CERTIFICATION BODIES FOR HALAL MANAGEMENT SYSTEMS

PART 1: GENERAL INFORMATION

This form should be completed in full and returned to:

QTAWA
Attention: Technical Manager

Physical Address:
 Sudirman Central Busines District Lot 9 JRT.5, Jl. Jend. Sudirman No.17 RT.5/RW.3, Senayan, Kec. Kby. Baru, Kota Jakarta Selatan, Daerah Khusus Ibukota Jakarta 12190, Indonesia

Email: info@alhalal.org
Please complete ALL applicable sections of the form in CLEAR PRINT or in type.

This form is available in electronic form. Please do not modify the form other than filling in the sections provided for this purpose. Any form that is modified will not be recognized as a valid application. Should you have difficulties in completing the form, please contact QTAWA.

If you wish to complete and forward the form by email, please note that QTAWA does not accept responsibility for breach of confidentiality of information or for the receipt of applications. **All applications submitted by email must be forwarded, duly signed, by surface/special courier mail.**

Receipt of payment of the application fee shall be required prior to processing the application.

Note: If you do not receive acknowledgement of receipt of your application from QTAWA or fax within four (4) weeks of dispatch you should contact the QTAWA Office. This application remains valid for one year from the date of application.

Date of Application													
Organization													
VAT Registration No. (where applicable)													
Contact Person										Title			
Position													
Postal Address													
Physical Address													
Tel No:					Direct Tel No:					Fax No:			
Mobile No:							Email address:						
Field of Operation													

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Application for:
(Tick as appropriate)

		Extension of Accreditation	
Initial Accreditation <i>Proceed to complete Parts 2 – 5</i>		<input type="checkbox"/>	<i>Proceed to complete</i> <ul style="list-style-type: none"> ▪ <i>Part 3 for new staff</i> ▪ <i>Part 4 for new test method</i> ▪ <i>Part 5</i>
Other <input type="checkbox"/> (Please specify)			
Type of Accreditation sought (Tick as appropriate) and ask for code category			
OIC/SMIIC 2:2019		HALAL 10:2019	
HAS 23000		HATACP 9:2019	
Others			
Other (Please specify)			
PART 2: INFORMATION REGARDING YOUR ORGANIZATION			
Description of the main activities of the applicant organization (Please underline those activities for which accreditation is sought):			
If the organization seeking accreditation is owned by another organization or is part of a larger organization or has branches/divisions at other locations, please give the following details:			
Name, address and contact information (Tel, Fax, Email) of:			
Parent Organization Other organizations in group/ division			
Locations/sites/virtual sites where key activities are conducted			

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Relationship and links between the above-mentioned organizations and the organization seeking accreditation (<i>Please describe</i>)			
What is the legal status of your organization? e.g. Pvt (Pty)/Ltd privately owned or other (List and attach the legal instrument and other regulatory requirements applicable to your organization)			
Registration Number of Company/ Identify Number(s) of sole owner or partners			
Total number of employees in the whole organization or group of organizations		Number of employees involved in area(s) seeking accreditation	
<i>Please attach an organogram of your organization indicating the structure of the sections/units/areas to be accredited and their relation to the rest of the organization.</i>			
Has the organization ever been accredited before?		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
If yes state name of accreditation body:			
Does the organization have an established formal management system?		<input type="checkbox"/>	<input type="checkbox"/>
		Yes	No
If yes state standard upon which system is based:			
How long has this system been in operation?			
What training has been provided for the implementation and maintenance of the system			
To whom has the training been provided for?			

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PART 3: INFORMATION ON SENIOR STAFF				
Scheme Name		Parameters		Frequency of Participation
<p><i>For each staff member having responsibility for service for which accreditation is sought, please give the following details. This includes the Quality Manager and Technical Manager, where applicable.</i></p> <p>Note: This information may be provided in any format used by the Certification Body provided all requirements below are addressed.</p>				
Name		Position		
Area of responsibility			No. of staff supervised in area	
Qualifications, experience, training and competence analysis:				
Name		Position		
Area of responsibility			No. of staff supervised in area	
Qualifications, experience, training and competence analysis:				
Name		Position		
Area of responsibility			No. of staff supervised in area	
Qualifications, experience, training and competence analysis:				
Name		Position		
Area of responsibility			No. of staff supervised in area	
Qualifications, experience, training and competence analysis:				
Name		Position		
Area of responsibility			No. of staff supervised in area	
Qualifications, experience, training and competence analysis:				
Name		Position		
Area of responsibility			No. of staff supervised in area	
Qualifications, experience, training and competence analysis:				

COMPANY PROFILE	
Other Accreditations	
ISO 17065 Accreditations of your HCB	
Initial Accreditations Date	
Countries for certifications activities	
Company Profile	

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4.2 For HALAL certification please indicate the scope for which accreditation is sought					
IAF Code	Category	Description	No of certifications	No of Auditors	Please tick
A	Farming (Animals)	Animals, fish, egg production, milk production, beekeeping, fishing, hunting, trapping			
B	Farming (Plants)	Fruits, vegetables, grain, spices, horticulture products			
C	Processing 1	Meat, poultry, eggs, dairy and fish products			
D	Processing 2	Fresh fruits and fresh juices, preserved fruits, fresh vegetables, preserved vegetables			
E	Processing 3	Canned products, biscuits, snacks, oil, drinking water, beverages, pasta, flour, salt, sugar			
F	Feed Production	Animal Feed, Fish Feed			
G	Catering	Hotels and restaurants			
H	Distribution	Retail outlets, shops and wholesalers			
I	Services	Water supply, cleaning, sewage, waste disposal, development of product, processes & equipment, veterinary services			
J	Transport & Storage	Transport and storage			
K	Equipment & Manufacturing	Process equipment, vending machines			
L	(Bio) Chemical Manufacturing	Pesticides, drugs, fertilizers, cleaning agents, additives, vitamins, bio cultures			
M	Packaging Material Manufacturing	Packaging material			
N	Other materials	cosmetics, textile, leather products etc.			

4.3 For HACCP certification please indicate the scope for which accreditation is sought					
Category	Description	No of certifications	No of Auditors	Please tick	
1	Meat and edible meat offal, preparations and products				
2	Fish, crustaceans, mollusks and other aquatic invertebrates, preparations and products				
3	Sugars, honey and sugar confectionaries				
4	Edible oils and fats				
5	Vegetables, fruits, nuts or other parts of plants, preparations and products				
6	Grains, cereals, cocoa, starch and pastry-cook, preparations and products				
7	Beverages, beer, wine and spirits, preparations and products				
8	Milk and dairy, preparations and products				
9	Food preparations and catering (excluding street-vendors)				
10	Street vended foods				
11	Coffee, tea, salt, herbs and spices				
12	Poultry, preparations and products				

PART 5: DECLARATION

Chief Executive Officer (CEO) or authorized official must authorize this form.

The following is enclosed *(please tick as appropriate)*

Copy of the Quality Manual and relevant completed QTAWA checklist [QT-F-40 (a)] indicating where in the Quality Manual the requirements have been met	Application Fee: Transfer order placed <i>(please attach banking information on transfer)</i>
Other documentation <i>(Specify any other documents attached to the application form)</i>	

NOTE 1

Documentation to be submitted prior to document review:	Tick
a) Duly completed Application Form	
b) Quality Management System Manual	
c) Information on	
i) Scope sectors for which accreditation is sought	
ii) Number of certifications per scope	
iii) Number of auditors for each scope	
d) Duly completed [QT-F-40 (a)]- Application for Approval of Personnel	

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e) Signed agreement Accreditation Agreement (QT-F-44)	
f) Proposed assessment dates (for scope extensions only)	
<p>Note: Applications for scope extensions should be made six (6) weeks in advance prior to the scheduled assessment. For scope extensions documents b), c) (i) to (iii), d) and f) apply</p>	
<p>Upon accreditation, my organization agrees to comply with the QTAWA accreditation requirements and procedures.</p> <p>I enclose a copy of the Quality Management System Manual and duly completed QT-F-44 indicating where in the quality manual the requirements have been met.</p> <p>I enclose an application fee. I understand that this fee is not refundable.</p> <p>I understand the manner in which the accreditation system operates and its functions. QTAWA does not accept any responsibility for the actions, or the results of any actions, of an accredited organization. I, the undersigned, agree, as the authorized officer of the applicant independent entity that any liability of QTAWA which may arise due to negligence related to any accreditation is limited to a refund of the annual fee payable by the organization.</p> <p>I declare that the information given in this application is both correct and accurate to the best of my knowledge and belief. I undertake to inform QTAWA timeously of any changes with respect to the application and accept full responsibility for any costs incurred as a result of any changes not reported to QTAWA timeously.</p>	
Signed and stamped	
Name (print)	
Position	
Date	