

Print legibly. Tick appropriate boxes and use separate sheet if necessary. Indicate N/A if not applicable.		
Rev. No. ____ <input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Scope Extension		
<b>1. Type of Certification Scheme being applied for Accreditation : <u>Halal Product Certification</u></b>		
<b>2. Applicant</b> (name of CAB exactly as it is to appear on your Certificate of Accreditation)		
<b>3. Product Destination</b> (country where the certified product will be exported i.e. UAE, KSA, etc.)		
<b>4. Address</b>	(House/ Building No./ Building Name)                      (Street Name)	
	(Barangay)                      (City/ Municipality)                      (Province)                      (Region)                      (Zip Code)	
<b>5. Contacts</b>	<b>Telephone:</b>	
	<b>Facsimile:</b>	
	<b>Mobile number:</b>	
	<b>E-mail:</b>	
	<b>Social media/ Website:</b>	
<b>6. Authorized Representative</b> (Name and title of the person who will be PAB primary point of contact for all matters relating to this application. If address, phone and fax details are not as above then please provide them as an attachment)	<b>Name:</b>	(Prefix) (First)                      (Middle)                      (Last)                      (Suffix)
	<b>Title/ Position:</b>	
	<b>Sex:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<b>Social Classification:</b>	<input type="checkbox"/> Abled <input type="checkbox"/> PWD <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Indigenous Person
<b>7. List of Contact Personnel for PAB Accreditation Communications</b> (includes assessment and witnessing activities schedules, dissemination of invitations and advisories fom PAB)	<b>Name and Email Address</b> (accomplish/provide additional sheet if needed)	
	1.	
	2.	
<b>8. List of Contact Personnel for Billing Statement Communications</b>	<b>Name and Email Address</b> (accomplish/provide additional sheet if needed)	
	1.	
	2.	
<b>9. Business Information</b>	<b>Form of Organization:</b>	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Others _____
	<b>Asset Size (Php):</b>	<input type="checkbox"/> Micro (up to P3M) <input type="checkbox"/> Small (above P3M to P15M) <input type="checkbox"/> Medium (above P15M to P100M) <input type="checkbox"/> Large (above P100M)
	<b>Industry Classification:</b>	
	<b>Product Line/Services:</b>	
	<b>Total no. of Employees:</b>	
<b>10. SEC/other applicable Registration No.</b> (provide evidence of its legal status as an organization)	<b>Place/Date of registration:</b>	
	<b>TIN:</b>	
<b>11. Branch, if any</b> (please check the different activities undertaken by each branch or other offices, use additional sheet if necessary)	___ policy formulation	
	___ process and/or procedure development	
	___ initial approval of auditing personnel, or control of their	

	training <input type="checkbox"/> on-going monitoring of auditing personnel <input type="checkbox"/> application review <input type="checkbox"/> assignment of auditing personnel <input type="checkbox"/> control of surveillance or recertification audits <input type="checkbox"/> final report or certification decision or approval					
<b>12. Relationship with a larger entity, if any</b> (please describe the extent of activities or involvement of the CAB with larger entity, provide additional sheet if needed)						
<b>13. Scope of Accreditation Being Applied for Geographical location covered and based on the Certification Scheme Being Applied</b> (Detailed list of scopes being applied, with identified standards per product scope to accomplish in separate sheet/s)						
<b>14. Is the accreditation being sought for multiple locations:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Number of locations requested:</b>					
<b>Name/address of all locations:</b> - - -						
<b>15. Staff Involved in the Organization</b>			Please indicate the number of staffs involved in the operation where accreditation is being sought.			
	No. of Total Staff	No. of PWD	No. of Indigenous Person	No. of Senior Citizen	No. of Male	No. of Female
Management:						
Administrative:						
Technical:						
Support Staff:						
<b>16. Certification Scheme Information</b> (use separate page as needed)	Scheme Title: _____ Scheme Type: _____ Halal Product, process or service covered: _____ Categories: _____ Scheme Owner: _____ Standards used in the scheme: _____ Testing Laboratories used for the scheme: _____ Inspection bodies used for the scheme: _____					

	Mark of conformity (submit sample) Certificate of conformity (submit sample) Certification Process (brief description of sample selection, evaluation, review and decision on certification)	
<b>17. Institutional Membership</b> (Local/Foreign)		
<b>18. Other Services Offered</b>		
<b>19. Accreditation being maintained or applied to Accreditation Bodies other than PAB</b>		
Name of Accreditation Body (AB)	Scope	Effectivity Date
<b>20. Number and where certificates were issued with PAB accreditation symbol</b>		
Product Certification		
Number		
Country		
<b>21. Total number of certificates issued</b>		
Product Certification		
<b>22. Number of Auditors/Inspectors and Technical Experts/Code Holders</b> (List of names to accomplish in separate sheet/s)		
<b>Lead Auditors/Inspectors</b>	<b>Auditors/Inspectors</b>	<b>Technical Experts/Code Holders</b>
<b>23. Documents to be provided upon application</b>		
Note 1: PAB will only accept Application for accreditation with complete documentary requirements Note 2: CABs can retrieve their submitted documents upon withdrawal of application for accreditation within one year from the date of application. Otherwise, submitted documents shall be disposed of as per the DTI Records and Disposition Schedule (RDS) and National Archives of the Philippines (NAP) Law, General Circular No. 1 and 2 and NAP General Records Disposition Schedule, 2009.		
<ol style="list-style-type: none"> <li>1. Letter of Application (1 e-copy)</li> <li>2. Accomplished Application Form per scheme applied (1 e-copy)</li> <li>3. Accomplished assessment checklist identifying where in the documented management system addresses the requirement of ISO/IEC 17065, Philippine National Halal Certification Scheme, and relevant Halal Standards of the country/region of destination (as applicable)</li> <li>4. Signed PAB Accreditation Agreement (1 e-copy)</li> <li>5. Copy of SEC Registration with the Articles of Incorporation or Department of Trade and Industry (DTI) Registration and Local Government Unit (LGU) Business Permit or if in case of a foreign Halal CB, duly notarized registration documents and authenticated by Philippine Consulate or an equivalent document from the country where Halal CB is operating, as proof of being a legal entity as the case may be. (1 e-copy)</li> <li>6. Copy of CAB's proof of managing liabilities (e.g. insurance. reserves)(1 e-copy)</li> <li>7. Copy of certification agreement between the CAB and its client (1 e-copy)</li> <li>8. Copy of Certificates issued to its clients (1 e-copy) Note: The applicant body shall have granted at least two (2) certificates for each scheme applied.</li> <li>9. List of certified organizations (specifying certified scopes, validity of certificates, address and contact numbers) (1 e-copy)</li> <li>10. Copy of CAB's Quality Manual (1 e-copy)</li> <li>11. Copy of CAB's Rules/Procedures of certification (1 e-copy)</li> <li>12. List of auditors (including their approved scopes) and technical experts (1 e-copy)</li> </ol>		

13. Latest audited financial statement of the CAB (1 e-copy)
14. Detailed organizational structure with individual duties and responsibilities (1 e-copy)
15. Information on fees charged to its applicants, certified organization, and the means by which it obtains financial support. (1 e-copy)
16. Records of the latest Internal Audit conducted by the CAB (1 e-copy)
17. Records of Management Review conducted by the CAB (1 e-copy)
18. Copy of Latest Risk Management Matrix (1 e-copy)

**24. Declaration**

We declare that :

- a. The information given above is true and correct.
- b. The applicant has the necessary resources to undertake certification throughout the scope requested.
- c. Corresponding fees are paid whether or not accreditation is granted.
- d. The applicant has functional internal audit and management reviews.

We understand that our certification activities shall be assessed against the following accreditation criteria and standard (in its current version) specific to the certification scheme being applied:

1. ISO/IEC 17065
2. Importing Country Requirement (i.e. relevant Halal Standards of the country/region of destination)
3. Product Certification Scheme Requirements
4. Philippine National Halal Certification Scheme (PNHCS)
5. Applicable IAF/IHAF/APAC Mandatory Documents and issued Resolutions
6. Advisories/Resolutions related to accreditation of Halal Certification Bodies issued by Philippine Halal Board
7. Signed Memorandum of Understanding (MOU) with other Accreditation Bodies (i.e. MOU with ESMA, MOU with GAC), where applicable
8. PAB Policies and Advisories
9. Use of PAB Accreditation Symbol
10. Use of Philippine Halal Logo

President/General Manager: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Electronic copies of application documents shall be sent through email **pab\_msad@dti.gov.ph** or visit us at:

**PHILIPPINE ACCREDITATION BUREAU**  
 Department of Trade and Industry  
 Ground Floor, HPGV Building  
 395 Sen. Gil J. Puyat Avenue, Makati City 1209  
 Landline : (+02) 8895-3995  
 Mobile : (+63)9178192971

**To be filled out by PAB:**

The submitted application documents are:  
 \_\_\_\_ incomplete, please submit the following:

The submitted application documents are complete

- The applied accreditation scopes are correctly identified.
- The application form is properly signed and dated.
- For endorsement to the Resource Reviewer for further review.

Application Reviewer:

Name/Signature:

Date:

- PAB is capable to render the accreditation services requested by the applicant CAB (relative to the scheme and scopes).

Remarks:

Resource Reviewer:

Name/Signature:

Date: