

**Registration of Restaurants Application Checklist**

<b>Sr. No.</b>	<b>Description</b>	<b>Check Box</b>	<b>Remarks</b>
1.	Company Details/ Profile & Organogram		
2.	Company Registration / License) (Registration with Local Government, Sales Tax/NTN Certificate/Business License)		
3.	Fee Payment Receipt/Cross-Cheque		
4.	Restaurant Category		
5.	List of Employees		
6.	Copy of Halal Certificate		
7.	List of food items offered/restaurant menu		
8.	List of ingredients and their Halal Status		
9.	List of suppliers and their Halal Status		
10.	Quality Management System (if any)		
11.	Medical Certificates of Employees		
12.	Cleaning & Sanitation SOPs and Recent Records		



**Government of Pakistan**  
**Ministry of Science and Technology**  
**PAKISTAN HALAL AUTHORITY**



## Application Form for Registration of Restaurants

**Important Notice:**

The information required by the Pakistan Halal Authority (PHA) for registration is set out below:

- 1) All information must be submitted with complete information in all respect, as inadequate/incomplete submissions will result in delays in processing.
- 2) This application will be valid for one (01) restaurant only. Multi-branch/Chain restaurants from the same parent company must submit a separate application form for each premises.
- 3) All documents should be authentic, duly signed and stamped.
- 4) All attachments shall be added as **annexure** relevant to the serial number.

**Date of Application:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Application Type:** ☐ New ☐ Renewal ☐ Scope Extension

**(A) Organization Information:**

Sr. No.	Particulars	Details
1.	Name of Restaurant <i>(Attach corporate profile and organogram)</i>	
2.	Business Registration Number <i>(Attach Registration with Local Government, Sales Tax/NTN Certificate/ Business License.)</i>	
3.	Address of Restaurant	
4.	Name of Applicant/Authorized Representative	
5.	Contact No.	
6.	Email	
7.	Total Area <i>(attach restaurant Layout)</i>	
8.	Sitting Capacity	
9.	No. of Employees <i>(attach list of employees along with their medical certificates)</i>	
10.	Average Sales per day	

**(B) Bank Details:**

Bank Name	
Account Title	
Account No. with Branch Code	
Method of Payment <i>(Attach payment receipt)</i>	

**(C) Category of Restaurant** *(Check the relevant boxes)*

- ☐ Local Restaurants/Food Premises (Single Branch)
- ☐ Local Restaurants/Food Chains (Multiple Branch)
- ☐ Multinational Restaurant/Food Service Providers (Single Branch)
- ☐ Multinational Restaurants/Food Chains/Food Service Providers (Multiple Branch)

**(D) Scope of Restaurant:** *(Check the relevant boxes indicate the type of cuisine(s) offered)*  
*(Attach list of food items offered/restaurant menu)*

Pakistani Food		Japanese Food	
Chinese Food		BBQ	
Thai Food		Fast Food	
Turkish Food		Coffee House/Cafe	
Arabic Food		Ice Cream Parlor	
Continental Food		Others _____	

**(E) Source of Halal Meat:** *(attach supplier's details and Halal Status)*

☐ Local Market ☐ Imported ☐ Others *(Specify)* \_\_\_\_\_

**(F) Ingredients/Raw Material Details:**

Food items/ingredients used in processing/cooking obtained from:

☐ Local Market ☐ Imported ☐ Both

*(Provide information of ingredients/raw material along with details of suppliers/distributors)*

**(G) Ready to Eat/Drink Products Details:**

Are Ready-to-Eat/Ready-to-Drink Imported Food/Beverage Products offered for Sale? *(If yes, provide details with Halal status/certificate and country of origin)*

**(H) Halal Certification Details:**

Is the Restaurant Halal Certified by PHA registered Halal Certification Body (HCB)? If yes, Name of HCB \_\_\_\_\_ *(attach the copy of HCB Certificate)*

**(I) Quality Management System** *(if yes, attach relevant certificate/SOPs)*

**(J) Sanitary Measures:** Are there Sanitation/Cleaning SOPs in Place for Kitchen and equipment? *(if yes, attach relevant SOPs)*

**(K) Videos / Photographs of Restaurant**

Attach pictures of the external and internal views of the restaurant and its surroundings.

**(L) Declaration by Restaurant**

☐ I declare that the information given above is true and correct. In case of any misleading information, the authority reserve rights to take legal action as per law under the PHA Act, Rules and Regulations.

Name and designation of person who submitted the above information

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Office address: .....

E-mail address: .....

Telephone: .....

Mobile: .....

Date: -----

Signature and Official Stamp

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**(M) For Official Use Only**

Date of Application received: .....

Received by: .....

Reviewed by: .....

Signatures: .....

Application No. ....