

Government of Pakistan Ministry of Science & Technology



PAKISTAN HALAL AUTHORITY www.pakistanhalalauthority.org.pk

Application Form for Slaughterhouses Registration/Recognition

Important Notice:

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

All information must be submitted in writing, with complete information in all respect, as inadequate/incomplete submissions will result in delays in processing. Feel free to include any additional information to support your application.

Slaughterhouse belonging to the same parent company but with different addresses must fill in a separate application form each.

Date	or Application:	A P P B Land
(A)	Particulars:	
No.	Particulars	Details
1.	Name of Slaughterhouse:	
2.	Business/ Registration Number:	
3.	Address of Slaughterhouse:	/11/ /10/1
4.	Name of Applicant	Acres and
5.	Contact No.	ALCOHOLD FOR
6.	Email	
7.	Post Code:	610
8.	District/City:	CIV
9.	State/Province:	
10.	Year of Establishment:	- TO THE PARTY OF
11.	Total Land Area:	7771114
12.	Total Built-up Area:	
(B)	Application Details:	
	New Application	Renewal

(C)	Bank	Details:
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Bank Name	
Account Title of	
Account No. with Branch Code	
Method of Payment (Attach payment	
receipt)	V. V. Table

(D) Category of Slaughterhouse: (Check the appropriate boxes)

Slaughterhouse (Only Slaughteri	ng)
Cutting plant (please specify the from which raw meat is obtained	
Slaughterhouse with cutting plan	nt
Others (Specify):	V I G
With Packaging	Without Packaging

(E) Slaughtering

1. Types of Meat Processed by the Slaughterhouse: (Check the appropriate boxes)

Name of Animal	Check	Capacity	Name of Animal	Check	Capacity
The state of the s	box			box	V
Buffaloes			Goats		ý.
Calves			Ostrich	10	
Camel		No.	Quail	D.	
Chicken		5)1116	Rabbit		
Geese			Sheep		
Others (Specify):					

^{*}Capacity: number of animals per year

2.	Sour	ce of Livestock/	Poultry:				
	(Atta	ch additional doci	uments where needed	<i>1</i>)			
	Livestock/poultry to be slaughtered are obtained from:-						
	(1)	Company's-owr	ned farms				
	(2)	Imported contra	act farms (Attach dete	ails)			
	(3)	Others (Specify))				
3.	Targ	et Market					
		ocal	nternational				
4.	Meth	od of Slaughter	h				
			Mechanical				
5.	Stun	ners used	De la				
No.	Туре	of Stunner	Voltage	Duration (Seconds)			
1	Capti	ive Bolt	11 / / /	The state of the s			
2	Elect	rical					
3	Other	r Method	./ 1.1				
4	No st	unning	# V 1	I III laci			
6.	Bleed	ding time (Minut	res)				
7.		_	•	by Halal Certification Body (HCB)			
		ered with PHA?		by Halar ceremication Body (110B)			
37 / NT	TC	yes, Name HCB					
Y/N		-1/6	HOD Codiffeed				
	(A	uach a copy of th	e HCB Certificate)				
(F)	Loca	ation and Layou	t of the Slaughterho	ouse			
1. Lo	ocatio	n of Slau <mark>ghterh</mark> o	ouse: (Check the appr	ropriate boxes)			
		dustrial area					
	□Ag	ricultural area					
	_	sidential area					
	Ot	hers (<i>Specify</i>):					

2.	Storage

Permanent

No.	Particulars	Numbers	Capacity	Total
1.	Chillers			
2.	Plate Freezers			
3.	Blast Freezers	- N 1971	V CALLY	
4.	Cold Rooms		1	3
5.	Other Storage (Specify)			950
. Ch	lorination:	y N	nnm	h Val
. c	If in-house chlorination is performed Chemical/ Bacteriologic	111	Parallel Control	Check the appropria
oxes)	Chemical/ Bacteriologic	111	Parallel Control	Check the appropria
oxes)	Chemical/ Bacteriological Manpower house	cal Examinatio	n of Water: (C	Check the appropriat
oxes) In	Chemical/ Bacteriologic	111	n of Water: (C	Check the appropriat
oxes)	Chemical/ Bacteriological Manpower house	cal Examinatio	n of Water: (C	Check the appropria
oxes) In	Chemical/ Bacteriological Manpower house	Frequency Method:	n of Water: (C	Check the appropria
oxes) In Ex	Chemical/ Bacteriological Manpower house external laboratory	Frequency Method:	n of Water: (C	Check the appropriate
oxes) In Ex	Manpower house ternal laboratory a copy of the latest test r	Frequency Method:	n of Water: (C	Check the appropria

Contractual

Daily Wages

(iii)	Halal Butcher License No/Oath.				
(iv)	Sharia Expert Qualification Details (Attach details)				
(v)	•			managerial staff, including their fety and quality control programs.	
ъ.	Medical Examination an	d Histo	ory: <i>(A</i>	ttach the medical details, health checks o	
work	cers)				
c.	Uniforms/Attire:				
(i)	Uniforms	Y	N	1 / 1/2/	
(ii)	Boots	Y	N	1 00 1 100	
(iii)	Gloves and facemasks	Y	N	A COLUMN NEW	
(iv)	Laundry is provided		nt/By tract	MIE	
(G)	Quality Assurance		/	//// ///	
1.	Food Safety Program an	d Slaug	ghteri	ng Procedure:	
i.	Are the processes based of Concept or its equivalent? If yes, attach a copy of the	?		alysis Critical Control Point (HACCP) of HACCP or equivalent	
ii.	Attach a flowchart of the slaughtering/cutting process, showing clearly the Halal Critical Control Point (HCCP).				
iii.	Specify other food safety	progran	1	STU	
iv.	Line speed:number of animals per hour for each type of animal				
v.	Laboratory testing is perference In-house External Not Applicable	ormed:	4		
vi.	surfaces, and water perfo	rmed by	y the (f finished products, food contact Quality Control Staff se frequency of collection and testing of	

	samples.		
⁄ii.	Attach copies of recent laboratory microbiologist.	test reports certified by a labora	tory
iii.	Attach a brief description on the critematerials and finished products.	eria for acceptance/ rejection of	raw
).	Is there a Product Recall and Tracea	ability System?	
If	yes, attach a description of the traceabi	lity system from raw material to fini	shed
pr	roduct.	Υ	N
3.	Daily Throughput:		
Nur	mber of shifts:		
Pro	duction per shift (in tons):	1 10	
Nur	mber of working days per week:	1 400	
5.	Meat Inspection System:	ons)	3
5. Is	Meat Inspection System: ante-mortem and post-mortem	ons) overnment inspectors	1
Is		overnment inspectors ompany's QC staff	
Is	ante-mortem and post-mortem	overnment inspectors	
Is insp	ante-mortem and post-mortem	owernment inspectors ompany's QC staff thers (Specify)	e fo
Is insp	ante-mortem and post-mortem pection done by: Is there a Sanitation Standard Opelities and equipment? If yes, In-house	overnment inspectors ompany's QC staff thers (Specify) erating Procedure (SSOP) in Place	
Is insp 6. facil	ante-mortem and post-mortem pection done by: Is there a Sanitation Standard Opelities and equipment? If yes, In-house Contract	overnment inspectors ompany's QC staff thers (Specify) erating Procedure (SSOP) in Place	
Is insp 6. facil	ante-mortem and post-mortem pection done by: Is there a Sanitation Standard Operation and equipment? If yes,	overnment inspectors ompany's QC staff thers (Specify) erating Procedure (SSOP) in Place	
Is insp	ante-mortem and post-mortem pection done by: Is there a Sanitation Standard Operation and equipment? If yes,	overnment inspectors ompany's QC staff thers (Specify) erating Procedure (SSOP) in Place of cleaning and sanitizing treatment	
Is insp 6. facil (i) (ii)	ante-mortem and post-mortem pection done by: Is there a Sanitation Standard Opelities and equipment? If yes,	overnment inspectors ompany's QC staff thers (Specify) erating Procedure (SSOP) in Place of cleaning and sanitizing treatment	of

	attach a brief description of this system and the frequency of waste	YN
	disposal.	
(iii)	Is there a pest control system? (Attach the details)	YN
	If yes, state	
	☐ Third Party	
(iv)	Are hands-free operated features for taps and toilet flushes available?	YN
(v)	Are disposable towels and hand disinfectant available?	YN
(vi)	Are there dedicated areas for the storage of chemicals and cleaning	MN
agei	nts, Dry ingredients, packaging and canning materials?	

(H) Videos / Photographs of Slaughterhouse

Attach the following items:

- Labeled photographs or video of processing facilities showing the various stages of production, starting from receipt of raw materials to packaging and storage of finished products, in operation.
- The external view of the Slaughterhouse (front, sides and back) and its surroundings.
- Every product with and without its final packaging.

(H) Declaration by Slaughternouse	
I declare that the information given above is true and correct. In c	ase 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	
Office address:	
E-mail address:	
Telephone:	
Mobile:	
Date: Signature and Office	ial Stamp
(I) For Official Has Only	1
(I) For Official Use Only Date of Application received:	
Date of Application received:	
Received by:	
Reviewed by:	
Signatures:	
Application No.	