Sent by the Certification Officer with the audit report after every audit (Part A) and to every certified client once a year (Part B); available to any applicant or client at any time (SOP-25). Completion is voluntary and may be anonymous. Results are analysed by the QMR each quarter and reported in the KPI Dashboard (SOP25-F01), auditor evaluation (SOP03-F03) and management review (SOP14-F01). Any response that alleges misconduct, an offer of consultancy, a request for a benefit or an impartiality threat is opened on SOP11-F01. Tick one rating per row (1 = poor / very dissatisfied, 5 = excellent / very satisfied).

Part A — Audit Feedback (after each audit)

Item	Entry
Audit date(s) and type	
Auditor(s) (optional)	

Criterion	1	2	3	4	5
Notice and planning of the audit (audit plan received in time)	☐	☐	☐	☐	☐
Auditor professionalism, punctuality and conduct	☐	☐	☐	☐	☐
Technical competence and halal knowledge	☐	☐	☐	☐	☐
Clarity of findings and explanations at the closing meeting	☐	☐	☐	☐	☐
Timeliness of the audit report	☐	☐	☐	☐	☐
Overall audit experience	☐	☐	☐	☐	☐

#	Question	Yes	No	N/A
1	Did any auditor offer consultancy or advice on how to design your system, or recommend a consultant?	☐	☐	☐
2	Did any auditor ask for or accept a gift, hospitality or payment beyond the agreed fees?	☐	☐	☐

Part B — Annual Satisfaction

How satisfied are you with…	1	2	3	4	5
The certification process (application to decision)	☐	☐	☐	☐	☐
Clarity of NHASA's requirements, fees and market rules	☐	☐	☐	☐	☐
Communication and responsiveness	☐	☐	☐	☐	☐
Time taken to issue certificates and consignment certificates	☐	☐	☐	☐	☐
Value for money	☐	☐	☐	☐	☐
NHASA staff: helpfulness and courtesy	☐	☐	☐	☐	☐

Item	Entry
Would you recommend NHASA?	☐ Yes ☐ No

Part C — Comments and About You (optional)

Item	Entry
What did we do well? How can we improve?	
Anything you consider unfair, discriminatory or a conflict of interest	

Item	Entry
Name / organisation	
Certificate no.	
Date	

Part D — NHASA Use

Item	Entry
Date received; logged by	
Comment alleging misconduct, bias, consultancy, a request for a benefit or a halal concern logged on SOP11-F01 and handled under SOP-11	☐ N/A ☐ Yes: _____
Follow-up (SOP11-F01 / SOP11-F03 ref. if opened)	
Included in the quarterly analysis (quarter)	

Document Control — Approved Controlled Template

This form template is a controlled document, approved and authorised by NHASA management as below. Entries made when the form is used are signed by the relevant person at the point of use.

Role	Name	Signature	Date
Prepared by: Quality Manager	Suhaila Hanif		23 Oct 2026
Reviewed by: Operations Manager	Dr. Muhammad Aslam Khan		23 Oct 2026
Approved by: Technical Manager	Syed Asad Bukhari		23 Oct 2026
Authorised by: Chairman / Chief Executive Officer	Manzoor Ahmad Mian		23 Oct 2026

— End of Form NHASA-SOP25-F02 —