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| Hygenia Business Assurance LLP (HBAL) | | | |
| Doc- HBAL-IS-FM 4.1-02 | Issue-01 | Revision 00 | 12.04.2024 |

AUDIT CHARGES MATRIX

Unique Application Number:

Name of Client:

Address:

Select Client Application Type:

1. Direct Client Paying For HRA
2. State/ Department Issued Work Order

1. Direct Client Paying For HRA:

| TOTAL NUMBER OF FOOD HANDLERS | AUDIT MAN DAY INCLUDING REPORTING TIME | AUDIT CHARGES |
|-------------------------------|--|---------------|
| <50 | 0.5 | 10000 |
| 50-100 | 1.0 | 15000 |
| 100-150 | 1.5 | 20000 |

2. State/ Department Issued Work Order:

Work Order Issuing Authority:

Date of Issue:

Signed by Technical Manager

| | |
|--------------------|--|
| Technical Manager: | |
| Signature | |
| Date & Seal | |