



## Application Form for Halal Supervision and Certification

<b>Date of Application</b>		<b>Application No.</b>	
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(for office use only)

### Company Information:

Company Name			
Company Registration Number			
Address			
City	Primary Contact		
State/Province	Position/Title		
Country	E-mail Address		
Postal/Zip Code	Telephone No.		
Web Address	Fax No.		

Application Authorized by: \_\_\_\_\_ Date Authorized: \_\_\_\_\_  
(please print)

Position/Title of Individual: \_\_\_\_\_  
(please print)

### Manufacturing Facility Information: (if different than above)

Company/Plant Name			
Address			
City	Plant Contact		
State/Province	Position/Title		
Country	E-mail Address		
Postal/Zip Code	Telephone No.		
Gov't Plant Code	Fax No.		



# Department of Halal Certification

Al-Mustafa Islamic Centre Ireland [www.islamiccentre.ie](http://www.islamiccentre.ie)

منظمة الأيرلندية لترخيص منتجات الحلال

## Access and Travel Information:

Name of the nearest major city and airport to the location	
Distance between the airport and location to be certified	Kilometers / Miles

**Please Note:** If there are more than two factories that are producing the product, please include the full address, contact number and contact person for each additional location. If there is a separate packaging plant, please include all details.

## Product Information:

(1) Has the company ever applied for Halal certification previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please state the Halal agency that was previously applied to</i>	
(2) Has the factory ever been supervised before, either on a yearly basis or for a specific batch production for another buyer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please state the Halal agency that was certifying</i>	
(3) Please state all food safety programs implemented at the factory (Please include a copy of each food safety program certificate with this application)	<input type="checkbox"/> HACCP <input type="checkbox"/> ISO-22000 <input type="checkbox"/> GMP <input type="checkbox"/> Organic Food <input type="checkbox"/> Other
(4) Marketing type	<input type="checkbox"/> Food Service (Bulk) <input type="checkbox"/> Retail <input type="checkbox"/> Direct Marketing <input type="checkbox"/> Industry <input type="checkbox"/> Other: _____
(5) Is the Brand Name	<input type="checkbox"/> Owned <input type="checkbox"/> Private Label <input type="checkbox"/> Other: _____
(6) Do you produce product using pork or pork derivative in your factory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(7) Do you produce product using animal meat or animal derivatives such as beef, chicken, deer or mutton?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(8) Do you use gelatin or capsule in your product?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(9) If this application is for food product, does the product contain alcohol exceeding 0.1%?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(10) If this application is for flavor as a final product, does the product contain alcohol exceeding 0.5%?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(11) Do you produce product using glycerine or its derivatives?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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<p>(12) Please list all geographic areas where the product is or will be marketed</p>	<p><input type="checkbox"/> Canada <input type="checkbox"/> Egypt <input type="checkbox"/> Indonesia <input type="checkbox"/> Malaysia <input type="checkbox"/> Pakistan <input type="checkbox"/> Saudi Arabia <input type="checkbox"/> Singapore <input type="checkbox"/> United Arab Emirate <input type="checkbox"/> United States <input type="checkbox"/> Worldwide <input type="checkbox"/> Other</p>
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PLEASE FILL IN THE ATTACHED FORM "DHC APPLICATION FORM CONTINUED" IN WHICH YOU ARE REQUIRED TO FILL IN COMPLETE DETAILS OF INGREDIENTS, PROCESSING AIDS, ADDITIVES, RELEASING AGENTS, PAKAGING)

Company: .....

For Office Use Only:

Checked by Auditors of D.H.C.

Prepared by: .....

1) Name:

Signature: -----

.....

Approved by.....

Signature: -----

Signature: -----

2) Name: .....

Signature: -----



### Statement of Willingness to Comply with D.H.C. Halal Certification Regulations

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I, the undersigned:

Name:

Position:

Address:

Tel:

Mob.

Fax:

On behalf of ..... (the company) state the willingness to comply with the following Halal certification regulations:

- 1) Certification procedure of the D.H.C.
- 2) To set up and implement Halal Assurance System (HAS), including the formation of an internal Halal management team whose responsibility is to ensure the integrity of Halal production in the company, and make periodic reports of HAS implementation in the company.
- 3) Willingness to accept audit by the D.H.C. at anytime without prior notice.
- 4) Provide information about all the materials and all production processes.
- 5) The use of the Halal certificate is valid for one year. To renew it the company must resubmit an application.

(Name, signature and company stamp)