



EU HALAL

International Halal Certification



ETHICS COMPLIANT

APPLICATION FORM

Head Office:

Avenida Salgado Zenha, 11, Esc. 3. 2660-327 Stº Antº dos Cavaleiros, Portugal

Phone: +351-219898410 ; Mobile: +351-939318684 ; Fax: +351-219898410

Website: www.euhalal.com Email: vendas@euhalal.com



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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Application Form for Halal Certification

1. Company/Business Name: _____

2. Business Status (CMC, Corporation, LLC, Trust etc.): _____

3. Registration No.: _____ Registered by _____

4. List of Products/Brands (use Annexure I)

5. Product/Brand to be certified: _____

6. Registered Office Address: _____

7. Physical Address: _____

i) Tel: _____ ii) Mobile _____ iii) Fax: _____

iv) E-Mail: _____ v) Website: _____

8. Plant Address: _____

i) Postal Code _____ ii) Tel: _____ iii) Fax: _____

9. Correspondence Person: _____

Designation: _____

i) Address: _____ ii) Postal Code _____

iii) Tel: _____ iv) Fax: _____

v) Cell: _____ vi) E-Mail: _____

10. Kindly enclose a complete list of raw material, together with supplier; manufacturer; telephone; fax; email; contact person details in the attached format: (Find Annex II)

11. Describe a brief History of Supply Chain of Ingredients/Raw Materials:



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12. Briefly describe logistics of the Product:

I/we undertake that the information provided by us for Halal Certification is based on real practices. All the ingredients/Raw Materials are mentioned truly in the application/annexure (being used in the formulation). We also undertake that we will prior inform to the EU HALAL change occur in the formulation hereafter.

Applicant Name: _____
Designation: _____
Signature: _____
Company Seal & Stamp: _____
Date: _____

Confidentiality Statement:

EU HALAL, undertakes that it will guarantee all information supplied by or obtained from the application in respect to its processes, business secrets, prices and operations in the strictest confidence and it will not leak such information for the benefit of any other person or company.

For Office Use only:

Date of Receiving: _____ Date of Approval for Certification: _____
File No. _____ Signature: _____

Note: Kindly ensure prior facilitation on the following items:

1. Kindly endorse the application with company rubber stamp only
2. Please return completely filled application form together with the required full disclosures through email (info@euhalal.com) Head Office.
3. A cover letter is mandatory to be submitted on the official company letterhead be also submitted outlining the following:
 - A. Brief Company Profile.
 - B. Registration and Certifications Details.
 - C. Brief Description of Product Process Flow (use annex III)
 - D. Geographical Business Targeted Area (use annex IV)
 - E. Any other relevant info which will be useful for Certification Process.
4. Application forms will only be accepted when fully completed and duly signed by the Proprietor /Director or authorized representative. Failure to adhere to the above guidelines may delay the processing of your application.
5. 50% certification fee will be charged in advance at the time of the contract submission.



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List of Products/Brands

No.	Brand/Product Name	Description	Major Ingredients to be used
1.	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
2.	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
3.	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
4.	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
5.	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
6.	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
7.	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
8.	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>



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Annex II

List of Raw Materials, Together With Supplier/Manufacturer

No.	Ingredients/Raw Material	Code	Supplier	Supplier Contact Details	Manufacture <i>(if different from supplier)</i>	Either Supplier/ Manufacture Providing Halal certified Ingredients/Raw Material
1				Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2				Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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3				Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4				Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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5.				Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6				Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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7				Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8				Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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9				Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10				Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	Contact person: _____ _____ Address: _____ _____ Phone: _____ Fax: _____ Email: _____ Website: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Annex III

Brief Description of Product Process Flow

A large, empty rectangular box with a thin black border, intended for the product process flow description.



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Annex IV

Geographical Business Targeted Area

Production Summary

Local Contribution % _____
Export Contribution % _____

Local Break Up

- Local % _____
- % _____
- % _____
- % _____

Export Break Up

- Asia % _____
- Europe % _____
- Australia % _____
- Africa % _____
- Americas % _____

Countries name where you export significantly

No.	Country Name	Export %
1.		
2.		
3.		
4.		
5.		

Disclaimer:-

Aforementioned information will be utilized with strict confidentiality to evaluate your geographical presence to facilitate and explore new horizons of markets. Thank you.