### **Halal Care Foundation India**

Address: # MIGH 57, Santoh Nagar, Post: Saidabad,

Hyderabad-500 059 (T.S.), INDIA

Mobile: 91 9399953203

Email: application@halalcarefoundation.in URL: http://www.halalcarefoundation.in



# **Applications Form for Halal Certification**Details of Entity/Company

Name of company/firm/proprietorship concern/other:			
Nature of company: Registered address:		Public Ltd./Firm/Proprietorship/	other)
Address Line 2 :			
City:	Zip Code:	State:	Country:
Name of authorized p	erson:		
Designation:			
W-k-3 UDI - E - 11			
Type of product: (Foo Plant name:	tegory than select (Yes	o) otherwise select (No)] ent/Pharmaceutical/Cosmetic/A	yurvedic/Homeopathy/other)
		Designati	on:
Tel. No(s):		E-mail addre	ess:
Nature of manufacturi	(Self manufacturin	ng /Third party manufacturing/C	ontract manufacturing)
Briefly describe logisti	cs of the product:		

Briefly describe pest control of the Pro	oduct in premises:
Submit the list of your product, description in Annexure –I, Annexure –II and Ar	otions of ingredients and process flow chart in specimen given inexure –III respectively.
Abattoirs: Yes / No [If you are under this category than s	elect (Yes) otherwise select (No)]
Description of animal to be slaughter Slaughter house name:	(Bovine/Goat/Sheep/Chicken/other)
Slaughter House address:	
Number of Halal Butchers:	
No contract of a state of bloods and a state of the	ner dav:
Number of cattle / birds slaughtered	por day.
Briefly describe pest control in area of	
	or premises:
Briefly describe pest control in area of the state of the	export:
Whether for Domestic consumption /  If export : Country of destination:  Specific requirement by Importer  Contact person:	export:  (if any):  Designation:
Whether for Domestic consumption /  If export : Country of destination:  Specific requirement by Importer  Contact person:	export:  (if any):  Designation:
Whether for Domestic consumption / If export: Country of destination: Specific requirement by Importer Contact person: Tel. No(s):	export:  (if any):  Designation:
Whether for Domestic consumption /  If export: Country of destination:  Specific requirement by Importer  Contact person:  Tel. No(s):  Submit the description of Slaughter h  Annexure – V respectively.  Food chain: Yes / No  [If you are under this category than select	export:  (if any):  Designation:  E-mail address:  nouse and process flow chart in specimen of Annexure – IV and  t (Yes) otherwise select (No)]
Whether for Domestic consumption /  If export: Country of destination:  Specific requirement by Importer  Contact person:  Tel. No(s):  Submit the description of Slaughter h  Annexure – V respectively.  Food chain: Yes / No  [If you are under this category than select This category covers restaurant, hotel, cantee	export:  Designation:  E-mail address:  nouse and process flow chart in specimen of Annexure – IV and  t (Yes) otherwise select (No)] en, caterer, sweet shop/food outlet /et
Whether for Domestic consumption /  If export: Country of destination:  Specific requirement by Importer  Contact person:  Tel. No(s):  Submit the description of Slaughter hannexure – V respectively.  Food chain: Yes / No  [If you are under this category than select this category covers restaurant, hotel, canteed Description of food supplied:	export:  (if any):  Designation:  E-mail address:  nouse and process flow chart in specimen of Annexure – IV and  t (Yes) otherwise select (No)]

		(Please attach separate sheet)
Zubiah (Slaug	ntering) of animal / bird carr	ied: (In-house / Out-House)
Pest control d		(III House / Out House)
	(Specify the fat and	oil used & description of animal fat / Veg. fat/ oil with brand names)
Detail of spice	s used:	(Discount to the company of the cat)
Number of en	nployees:	(Please attach separate sheet)
	nse/ registration / permission required as per local laws / g	on from local government to run the food chain / hotel/ outlet/ overnment bodeis)
	License No. /Registration N	No/ other:
	Date of Issue:	Date of expiry:
	Name of issuing authority of	of license:
Nature of wat	er used:	/Tan water/ barre well/ mineral / other)
Name of cont	act person:	(Tap water/ bore well/ mineral / other)
Designation: . Email address	:	Tel. No.
colures / food (forbidden) m used in cookir Muslim butch The food open	stuff/ cooking materials/ sylaterial or things. The HCFI stage and cooking martial. Parter for Halal zubiah or superv	as there are very much possibilities to that the spices/ fats/ MSG / nthetic fragrance/etc., may be made or contaminated with haram trictly examine each and every food and their recipes with ingredients icularly in respect of Zubiah meat, it is more advisable to appoint rise the slaughtering by own if it is purchase from out-house source. It is away from Najas or contamination with haram food and follow the safety of health.
This category	der this category than select covers logistic, supply chain,	(Yes) otherwise select (No)] warehouses, cold storage, packaging, transporters, etc.
Name of you	r organization/business na	ame/ etc.:
		(Function of business)
•	•	roduct handled or transported:

Description of packaging:	
Description of transportation	n:
Description of other product	s handled in the premises or transportation:
Describe a brief History of S	upply Chain of Ingredients/Raw Materials:
Briefly describe logistics of t	he Product:
All that ingredients/raw Mater	on and details submitted above are true and based on real facts & practices followed. rials /derivatives/ process are mentioned true in the above application/annexure. We nge any ingredients/ raw metrical/ process/ etc., without written permission and
Signature:	
Name of signatory	
Designation	
Company Seal & Stamp	
Date:	
respect to its processes, busine	that it will guarantee all information supplied by or obtained from the application in ess secrets, prices and operations are in the strictest confidence and it will not leak such any other person or third party company.
Note: Kindly follow the follo	wing instructions:
1.A covering letter should be s	submitted with application form on company letterhead.
2.Brief Company Profile.	
3.Xerox copy of registration o	f company or firm or entity.
4.Xerox copy of license of foo local government body /as p	d operation under /fassai/drugs and cosmetic act/ veterinary department / Municipal or er applicability.
5. Submit the affidavit and agree	eement of post halal-certificate inspection in specimen annexure VI & VII.
6.Submit the annexure I, II, II	I, IV & V as applicable to the applicant.
For Office Use only:	
Date of Receiving:	Date of Approval for Certification:
File No.	Signature:

### Annexure - I [Product(s) details]

# List of the product to be halal certified For manufacturers and processors

Select the type of product:	
	(Foodsstuff/Food supplement/Pharmaceutical/Cosmetic/Ayurvedic/Homeopathy/other)

SI. No.	Brand Name	Product Name	Description of Product and usage
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Signature:	
Name of signatory authority	
Designation:	
Company Seal & Stamp:	
Date:	

### Annexure - II

### **INGREDIENTS & RAW MATERIAL OF THE PRODUCT**

### For manufacturers and processors

(Should be submitted separately for each product)

Brand Name:

Sr. No.	Ingredient Name including colour code	E- Code (If any)	Manufactured by	Address of Ingredient Manufacturers Phone No. Website URL	Whether Hala Certified ingredients are used (details)?
1					
2					
3					
4					
5					
6					
7					
Signatu	re:				
Name o	of signatory authority				
Designa	ation:				
Compa	ny Seal & Stamp:				
Date:					
Note:	1. Separate format for ed	ach product sho	ould be submitted.		

2. All ingredients, catalyst, colour, fragrances, intermediate, etc., minor or traces should be described in the above form.

### Annexure - III

# Brief description of manufacturing process of product from starting to end user

(For manufacturers and processors)

(Process Flow Chart)

Signature:	
Name of signatory authority	
Designation:	
Company Seal & Stamp:	
Date:	

# Annexure - IV (For Abattoirs)

Name of animal: Bovine/ Mutton / Chicken/other	
Slaughter House: Name	
Slaughter house Address	
Name of contact person	
Number of veterinary doctor to check the health of animal	
Number of Shariah Supervisor	
Number of Halal Butchers	
Number of cattle / birds slaughtered	
Whether for Domestic consumption / export	
If export : Country of destination	
Specific requirement by Importer ( if any)	
Name of pest control company (if any)	
Name of existing Halal certification body (if any)	

Specific requirement by Importer ( if any)
Name of pest control company (if any)
Name of existing Halal certification body (if any)
Signature:
Name of signatory authority
Designation:
Company Seal & Stamp:
Date:

### Annexure - V

## Brief description of slaughtering of animal From slaughtering to packaging/transporting

(For Abattoirs)

(Process Flow Chart)

Signature:	
Name of signatory authority	
Designation:	
Company Seal & Stamp:	
Date:	

### Annexure - VI

## **AFFIDAVIT**

(To be typed on a Rs. 100 Stamp Paper)

We M/s. () situated at ( <u>office address</u> ) AND naving our factory/plant/food handling premises/non food handling premises at <u>factory/plant address/premises address</u> ), on solemn affirmation state on oath as follows:
1.That we declare that we followed the halal compliance in our factory / broduct/ Pharma industry / cosmetic industry/ hotel/ logistic/ (put the broper name) for our product or services.
2.That we further declare that we are the manufacturers of Product(s)/ food operator of following item:
);
3.That in the above mentioned product/s or services it does not contain any ngredient/substance/etc, which is Haram, forbidden under Islamic Shariah.
4.That there is no un-Islamic or unlawful process used in the manufacturing or processing of the above product/ or services.
5. That if anything is found against Halal as per Islamic Sharia in future or at any occasion then we shall be responsible personally.
5.That all the contents and information provided in application form is true to the best of my knowledge and belief.
Solemnly affirmed at on this day of 20
Signature:
Name of signatory authority
Designation:
Company Seal & Stamp:
Date:

#### Annexure - VII

### (To be typed on a Rs. 100 Stamp Paper)

This Agreement of Post-halal certificate inspection is made and executed on this									n this _	_day of	2016 at	
Hyderabad by and	l betwee	n:										

Name of applicant / company /firm /proprietor / etc.

(Hereinafter called the "Party No. 1" which term shall mean and include legal representatives, heirs, administrators, executors, successors and assignees etc. of the ONE PART)

### In favour of

Halal Care Foundation India, # MIGH 57, Sanotshnagar, Post: Saidabad, Hyderabad (T.S.) represented by it's managing trustee Moulvi M. A. Hafez S/o M. A. Ghani.

(Hereinafter called the "Party No. 2" which term shall mean and include legal representatives, heirs, administrators, executors, successors and assignees etc. of the OTHER PART)

Whereas the Party No. 1 is engaged in the business of food operating/ pharama/ cosmetics/ other specify and manufacturing/ processing halal products.

Whereas the Party No. 2 is a Halal certifying trust and Party no. 1 approached at party No. 2 to get halal certificate for their product or services.

Whereas it is expedient to look and keep observation on the activities of the food operators i.e. halal certified companies after getting halal certification for their product or services from Party no. 2 and it is necessary to maintain halal compliance strictly therefore the party No. 1 agreed on the terms below:

#### NOW THIS AGREEMENT OF POST-HALAL CERTIFICATE WITNESSETH AS HEREUNDER:

- 1. That party No. 1 shall maintain halal compliance as per details supplied by him in application form and in terms of instruction given by the party No. 2 till the completion of period of one year from the date of halal certificate.
- 2. That the party No. 1 shall follow the rules land regulation of party No. 2 in compliance of halal certification.
- 3. The party No. 2 shall have right to visit Party No. 2 (applicant concern) premises in working hours without intimating to party No. 1 and conduct unexpected inspection of premises or company /hotel/working place/etc., of Party No. 1 in accordance to the details provided by party No. 1 in his/their application for halal certificate, during such inspection the Party No. 2 shall collect samples of finished products/ ingredients /raw material / foods/etc., and invoice of raw material or ingredients / as the case may be, on which party No. 1 shall not have objection for the same.
- 4. That after inspection if party No. 2 found anything against halal compliance or find objectionable things such as haram(forbidden) substance / ingredients / material/ etc., in samples collected during sudden expected inspection then the party No. 2 shall have right to cancel the halal certificate issued to party No. 1 and such cancellation shall be put on the website of Party No. 2 to inform the general public.

**IN WITNESSES WHEREOF** the above named PARTIES have put their respective hands in this 'Agreement of Post-halal certificate inspection' signed off with their free WILL and consent without an force/coercion on the day, month and year first mentioned above in presence of the following witness at Hyderabad (T.S.)

WITNESSES:	Party No. 1
1.	(  )
2.	Party No. 2 ( )