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|  | Doc. Number: IFANCA-Frm-31 | Revision: 3.0 |
| Document Name:  **Application Form for Halal Certification** | |

## Type of application: New Company New plant(s) Add new product(s)

**Date of Application**

**IFANCA Application No.**

**Company Information:**

(for office use only)

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| --- | --- | --- | --- |
| Company Name（公司名称） |  |  |  |
| Address（公司地址） |  |  |  |
| City |  | Primary Contact |  |
| State/Province |  | Position/Title |  |
| Country |  | E-mail Address |  |
| Postal/Zip Code |  | Telephone No. |  |
| Web Address |  | Fax No. |  |

\*Point of contact in the USA, if different than above:

Application Authorized by:

(please print)

Position/Title of Individual:

(please print)

Date Authorized:

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

\*Please provide all production locations. Include the full address, contact number and contact person for each additional location.

|  |  |  |  |
| --- | --- | --- | --- |
| Company/Plant Name（工厂名称） |  |  |  |
| Address（工厂地址） |  |  |  |
| City |  | Plant Contact |  |
| State/Province |  | Position/Title |  |
| Country |  | E-mail Address |  |
| Postal/Zip Code |  | Telephone No. |  |
| Gov’t Plant Code |  | Fax No. |  |

# Access and Travel Information:

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

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**Product Information:**

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| --- | --- |
| (1) Has the company ever applied for Halal certification previously? Yes No | |
| *If yes, please state the Halal agency that was previously applied to* | |
| (2) Has the factory ever been supervised before, either on a yearly basis or for a  specific batch production for another buyer? Yes No | |
| *If yes, please state the Halal agency that was certifying* | |
| HACCP ISO-22000  (3) Please state all food safety programs implemented at the factory GMP  **(Please include a copy of each food safety program certificate with this application)** Organic Food Other | |
| Food Service (Bulk)  Retail  (4) Marketing type Direct Marketing  Industry Other: | |
| Owned  (5) Is the Brand Name Private Label Other: | |
| (6) Do you produce product using pork or pork derivative at this facility? Yes No | |
| (7) Do you produce product using animal meat or animal derivatives such as  beef, chicken, deer or mutton? Yes No | |
| (8) Do you use gelatin or capsule in your product? Yes No  **(If yes, please provide a copy of all Halal certificates for each with this application)** | |
| (9) If this application is for food product, does the product contain alcohol? Yes No | |
| (10) If this application is for flavor as a final product, does the product contain  alcohol? Yes No | |
| (11) Please check scheme(s) under which you like to get Halal certificate: | SMIIC (OIC) |
| MUI (INDONESIA) |
| JAKIM (MALAYSIA) |
| ESMA (UAE) |
| GSO (GCC) |
| MUIS (SINGAPORE) |
| OTHERS |

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| Document Name:  **Application Form for Halal Certification** | |

**Product Information (Continued):**

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| (12) Please list all products to be Halal certified. If required, make extra copies of this page to list all products.  \* (Please be thorough and accurate, as this information will be used to generate the Halal Certificate) | | | | | | | | |
| **No.** | **PRODUCT NAME** | **PRODUCT BRAND NAME**  (if different) | | **Internal Product Code** | **UPC** | | **Marketing Type** | **Pack Size** |
| (Industry, Retail, Food Service Bulk, Direct Marketing) |  |
| **1** |  |  | |  |  | |  |  |
| **2** |  |  | |  |  | |  |  |
| **3** |  |  | |  |  | |  |  |
| **4** |  |  | |  |  | |  |  |
| **5** |  |  | |  |  | |  |  |
| **6** |  |  | |  |  | |  |  |
| **7** |  |  | |  |  | |  |  |
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| **9** |  |  | |  |  | |  |  |
| **10** |  |  | |  |  | |  |  |
| (13) Please provide a brief explanation of the steps in the manufacturing process. | | | | | **Please Provide:** List of Products Product Labels  List of Ingredients Process Flow Charts | | | |
| **1.** | | | **6.** | | | **11.** | | |
| **2.** | | | **7.** | | | **12.** | | |
| **3.** | | | **8.** | | | **13.** | | |
| **4.** | | | **9.** | | | **14.** | | |
| **5.** | | | **10.** | | | **15.** | | |

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| Document Name:  **Application Form for Halal Certification** | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Please provide information on the ingredients.  * + Please include the full address of the manufacturer or supplier.   + Please provide a copy of all HALAL certificates covering the material.   + Please make additional copies of this page if more ingredients need to be listed. | | | | | | | |
| **No.** | **INGREDIENT**  (full name of ingredient) | **INGREDIENT COMPONENTS**  (provide a complete description) | **MANUFACTURER/SUPPLIER**  (full name and address) | **PACKAGING METHOD**  (poly-bag, truck tanker, drums, etc.) | **HALAL**  **Certification** | | |
| **1** |  |  |  |  | Yes No | | |
| **2** |  |  |  |  | Yes No | | |
| **3** |  |  |  |  |  | Yes | No |
| **4** |  |  |  |  | Yes No | | |
| **5** |  |  |  |  | Yes No | | |
| **6** |  |  |  |  | Yes No | | |
| **7** |  |  |  |  | Yes No | | |
| **8** |  |  |  |  | Yes No | | |
| **9** |  |  |  |  | Yes No | | |
| **10** |  |  |  |  |  | Yes No | |
| **COMMENTS**  Please provide any additional details relevant to this certification process | |  | | | | | |
|  | | | | | |
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| How did you hear about us? | | | | | |

**Please Note:** IFANCA agrees that the information submitted in this application will be dealt with in strict confidentiality and will not be used for anything other than evaluating this product for certification.

**PLEASE E-MAIL THIS APPLICATION AND SUPPORTING DOCUMENTATION TO: [Halal@ifanca.org](mailto:Halal@ifanca.org).cn**

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|  | | | Doc. Number: IFANCA-Frm-31 | Revision: 3.0 | |
| Document Name:  **Application Form for Halal Certification** | | |
| Please provide information on all processing aids.  * + Please include the full address of the manufacturer or supplier.   + Please provide a copy of all HALAL certificates covering the material.   + Please make additional copies of this page if more ingredients need to be listed. | | | | | | | | | |
| **No.** | **PROCESSING AIDS**  (full name of ingredient) | | **COMPOSITION**  (provide a complete description) | **MANUFACTURER/SUPPLIER**  (full name and address) | | | **PACKAGING METHOD**  (Poly-bag, truck tanker, drums, etc.) | | **HALAL**  **Certification** |
| **1** |  | |  |  | | |  | | Yes No |
| **2** |  | |  |  | | |  | | Yes No |
| **3** |  | |  |  | | |  | | Yes No |
| **4** |  | |  |  | | |  | | Yes No |
| **5** |  | |  |  | | |  | | Yes No |
| **6** |  | |  |  | | |  | | Yes No |
| **7** |  | |  |  | | |  | | Yes No |
| **8** |  | |  |  | | |  | | Yes No |
| **9** |  | |  |  | | |  | | Yes No |
| **10** |  | |  |  | | |  | | Yes No |
| **COMMENTS**  Please provide any additional details relevant to this certification process | | |  | | | | | | |
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|  | | | Doc. Number: IFANCA-Frm-31 | Revision: 3.0 | |
| Document Name:  **Application Form for Halal Certification** | | |
| 1. Please provide information on all sanitation, cleaning chemicals and materials.    * Please include the full address of the manufacturer or supplier.    * Please provide a copy of all HALAL certificates covering the material.    * Please make additional copies of this page if more ingredients need to be listed. | | | | | | | | | | | |
| **No.** | **SANITATION, CLEANING CHEMICALS**  (full name of ingredient) | | **COMPOSITION**  (provide a complete description) | **MANUFACTURER/SUPPLIER**  (full name and address) | | | **PACKAGING METHOD**  (Poly-bag, truck tanker, drums, etc.) | | **HALAL**  **Certification** | | |
| **1** |  | |  |  | | |  | | Yes No | | |
| **2** |  | |  |  | | |  | | Yes No | | |
| **3** |  | |  |  | | |  | |  | | |
| Yes |  | No |
| **4** |  | |  |  | | |  | |  | | |
| Yes |  | No |
| **5** |  | |  |  | | |  | | Yes No | | |
| **6** |  | |  |  | | |  | |  | | |
| Yes |  | No |
| **7** |  | |  |  | | |  | |  | | |
| Yes |  | No |
| **8** |  | |  |  | | |  | |  | | |
| Yes |  | No |
| **9** |  | |  |  | | |  | | Yes No | | |
| **10** |  | |  |  | | |  | | Yes No | | |
| **COMMENTS**  Please provide any additional details relevant to this certification process | | |  | | | | | | | | |
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|  | | | Doc. Number: IFANCA-Frm-31 | Revision: 3.0 | |
| Document Name:  **Application Form for Halal Certification** | | |
| Please provide information on all lubricants.  * + Please include the full address of the manufacturer or supplier.   + Please provide a copy of all HALAL certificates covering the material.   + Please make additional copies of this page if more ingredients need to be listed. | | | | | | | | | |
| **No.** | **LUBRICANTS**  (full name of ingredient) | | **COMPOSITION**  (provide a complete description) | **MANUFACTURER/SUPPLIER**  (full name and address) | | | **PACKAGING METHOD**  (Poly-bag, truck tanker, drums, etc.) | | **HALAL**  **Certification** |
| **1** |  | |  |  | | |  | | Yes No |
| **2** |  | |  |  | | |  | | Yes No |
| **3** |  | |  |  | | |  | | Yes No |
| **4** |  | |  |  | | |  | | Yes No |
| **5** |  | |  |  | | |  | | Yes No |
| **6** |  | |  |  | | |  | | Yes No |
| **7** |  | |  |  | | |  | | Yes No |
| **8** |  | |  |  | | |  | | Yes No |
| **9** |  | |  |  | | |  | | Yes No |
| **10** |  | |  |  | | |  | | Yes No |
| **COMMENTS**  Please provide any additional details relevant to this certification process | | |  | | | | | | |
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|  | | | Doc. Number: IFANCA-Frm-31 | Revision: 3.0 | |
| Document Name:  **Application Form for Halal Certification** | | |
| Please provide information on all packaging materials.  * + Please include the full address of the manufacturer or supplier.   + Please provide a copy of all HALAL certificates covering the material.   + Please make additional copies of this page if more ingredients need to be listed. | | | | | | | | | | | |
| **No.** | **PACKAGING MATERIALS**  (full name of ingredient) | | **COMPOSITION**  (provide a complete description) | **MANUFACTURER/SUPPLIER**  (full name and address) | | | **PACKAGING METHOD**  (Poly-bag, truck tanker, drums, etc.) | | **HALAL**  **Certification** | | |
| **1** |  | |  |  | | |  | | Yes No | | |
| **2** |  | |  |  | | |  | | Yes No | | |
| **3** |  | |  |  | | |  | | Yes No | | |
| **4** |  | |  |  | | |  | | Yes No | | |
| **5** |  | |  |  | | |  | | Yes No | | |
| **6** |  | |  |  | | |  | | Yes No | | |
| **7** |  | |  |  | | |  | | Yes No | | |
| **8** |  | |  |  | | |  | | Yes No | | |
| **9** |  | |  |  | | |  | | Yes No | | |
| **10** |  | |  |  | | |  | |  | | |
| Yes |  | No |
| **COMMENTS**  Please provide any additional details relevant to this certification process | | |  | | | | | | | | |
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