

DEPARTMENT OF ISLAMIC DEVELOPMENT MALAYSIA (JAKIM) HALAL HUB DIVISION

Level 6 & 7 Block D, Kompleks Islam Putrajaya (KIP) No.3 , Jalan Tun Abdul Razak, Presint 3, 62100, Putrajaya MALAYSIA

Tel : 603 – 8892 5000

Fax : 603 – 8892 5005

Website : www.halal.gov.my

COMPANY INFORMATION

| 1. Company Name : | 2. Company Registration No. |
|--|-----------------------------|
| 3. Office Postal : | 4. Telephone Num. : |
| | 5. Fax Num. : |
| Zip Code : | 6. Website : |
| District : Country : | 7. e-Mail : |
| 8. Type of Application : Food & Beverages Food Supplement Cosmetic | |

| 10. CONTACT PERSON (In Malaysia) | | | | |
|----------------------------------|------|-------------|-------------|--------|
| Num. | Name | Designation | Contact No. | e-Mail |
| | | | × | |
| | | a | | |

| 11. HALAL LIAISON OFFICER | | | | |
|---------------------------|------|-------------|-------------|--------|
| Num. | Name | Designation | Contact No. | e-Mail |
| 2 24 | | | 8 | |
| | | | 0 | |

| 12. NUMBER OF EMPLOYEES | | |
|-------------------------|------------|------------|
| | Management | Operation |
| Muslim | Person (s) | Person (s) |
| Non Muslim | Person (s) | Person (s) |

MANUFACTURE/FACTORY INFORMATION

| Name : | Tel. Num. : |
|-------------------|-------------------|
| Address : | Fax Num. : |
| | Website : |
| Zip Code : | Size of Premise : |
| District : | |
| Country : | |
| Operation Hours : | Num. of Shift : |
| From : To : | |

Storage Facilities

Please tick $\sqrt{}$ if any.

| STORAGE FACILITIES / COLDROOM | | |
|-------------------------------|-------------|--|
| Storage Name : | Tel. Num. : | |
| Storage Address : | Fax Num. : | |
| | Website : | |
| | | |
| Zip Code : | | |
| District : | | |
| Country : | | |

ADDITIONAL INFORMATION

| PACKAGING MAT | PACKAGING MATERIAL | | |
|---------------|---------------------------|--|--|
| | Box | | |
| | Bottle | | |
| | Paper | | |
| | Plastic | | |
| | Aluminium Foil | | |
| | Others (please specify) : | | |

INTERNAL HALAL ASSURANCE SYSTEM

| QUALITY ASSURANCE AND GUARANTEE PROCEDURE | |
|---|--|
| Please specify the quality control | |
| | |
| ☐ GMP | |
| Others (please specify) : | |

| PLEASE INFORM IF YOUR PREMISES HANDLING AS FOLLOW : | | |
|---|------------|--|
| Material derives from pig / dog / human element | O Yes O No | |
| Alcohol | O Yes O No | |

LIST OF PRODUCT

| NAME C | NAME OF PRODUCT TO BE CERTIFIED (INCLUDING ADDITIVES, CULTURE MEDIUM AND RELATED ITEM) | | |
|--------|--|---------------|--|
| No | Name of Product | Product Brand | |
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Note :

 1.

 2.

 3.

Product without ingredients used.

Product with ingredients.

Any changes on ingredients information, please used ingredient list and update the information.

LIST OF INGREDIENT (1 PRODUCT PER PAGE)

| OF ALL INGREDIEN | T USED | | | 11 |
|------------------|-----------------|----------------------|----------------------------|-------------|
| Product | Ingredient Name | Source of Ingredient | Manufacture Name & Address | Halal Statu |
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*PLEASE MAKE SUFFICIENT COPY FOR EACH PRODUCT

DECLARATION

| SUPPO | SUPPORTING DOCUMENT TO BE SENT TO JAKIM | | |
|-------|--|--|--|
| 1. | Certification of Company Registration | | |
| 2. | Manufacturing License from Cosmetic & Drug Authority (for Health Product only) | | |
| 3. | Copy of valid Halal Certification of ingredients or copy of product specification for ingredient that is not Certified | | |
| 4. | Process flow chart and production procedure | | |
| DOCUN | IENTS TO BE MADE AVAILABLE DURING AUDIT | | |
| 1. | Internal Halal Assurance System | | |
| 2. | Record of Internal Audit | | |

1. I declare that all particular stated here in together with the necessary documents attached are true to the best of my knowledge.

2. I will provide any further documents or information asked by JAKIM to support this application.

| Chief Executive Officer / Owner | |
|---------------------------------|---------------------|
| e-Mail Address | Date of Application |