

| | | |
|--|---|------------------|
|  ISLAMIC FOOD AND NUTRITION COUNCIL OF CANADA المجلس الاسلامي للغذاء والتغذية في كندا 130 Dundas Street East, Suite 206, Mississauga, ON L5A 3V8 • Tel: 905-275-0477 • Fax: 905-275-3330 WWW.IFANCC.ORG | Doc. Number: IFANCC-Frm-15 | Revision: 4.0 |
| | Document Name: Halal Certification Application Form | |

Halal Certification Application Form

1). Type of Application: New Company Additional Plant Additional Product(s)

| | |
|----------------------------|-------------------------------|
| Date of Application | IFANCC Application No. |
| | (for office use only) |

2). Company Information:

| | | | |
|------------------|------------------|--|--|
| Company Name | | | |
| Address | | | |
| City | Primary Contact | | |
| Province / State | Position / Title | | |
| Country | Email Address | | |
| Postal Code | Telephone No. | | |
| Web Address | Fax No. | | |

Application Authorized by: _____ Date Authorized: _____
(Please print)

Position/Title of Individual: _____
(Please print)

3). Manufacturing Facility Information: (if different than above)

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

4). 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 |

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

| | | |
|--|---|------------------|
|  ISLAMIC FOOD AND NUTRITION COUNCIL OF CANADA المجلس الاسلامي للغذاء والتغذية في كندا 130 Dundas Street East, Suite 206, Mississauga, ON L5A 3V8 • Tel: 905-275-0477 • Fax: 905-275-3330 WWW.IFANCC.ORG | Doc. Number: IFANCC-Frm-15 | Revision: 4.0 |
| | Document Name: Halal Certification Application Form | |

5). Further Important 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 product 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"/> FSSC 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"/> Other: _____ <input type="checkbox"/> Private Label Customer's Name: _____ Address: _____ Tel. No.: _____ Contact Person: _____ |
| (6). Do you produce product using pork or pork derivative in your factory? (If yes, IFANCC will require more details from your company) | <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? (If yes, further information will be required about the source of Halal meat) | <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%? (If yes, discussion is required for further modification of the formula) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (10). If this application is for flavour as a final product, does the product contain alcohol exceeding 0.5%? (If yes, discussion is required for further modification of the formula) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (11). Do you produce product using glycerine or its derivatives? (If yes, please provide copy of all Halal certificates for ingredients with this application) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (12) Please list all geographic areas where the product is or will be marketed | <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 Emirates <input type="checkbox"/> United States of America <input type="checkbox"/> Worldwide <input type="checkbox"/> Other: _____ |
| (13). Please check scheme(s) under which you like to get Halal certificate: | <input type="checkbox"/> UAE (UAE.S 2055-1:2015, UAE.S 2055-2:2016, and UAE.S 993:2015) <input type="checkbox"/> GSO (GSO 2055-1:2015, GSO 2055-2:2016, GSO 2055-4:2014 and GSO 993:2015) <input type="checkbox"/> OIC (OIC/SMIIC 1:2011 and OIC/SMIIC 2:2011) <input type="checkbox"/> MUI LPPOM (Indonesia) – Halal Assurance System (HAS 23000–1, HAS 23000–2, HAS 23103, and HAS 23201) <input type="checkbox"/> JAKIM (Malaysia; MS 1500:2009) <input type="checkbox"/> Singapore MUIS Halal Standards: (MUIS-HC-S001 and MUIS-HC-S002) <input type="checkbox"/> Other _____ |

| | | |
|--|---|------------------|
|  ISLAMIC FOOD AND NUTRITION COUNCIL OF CANADA المجلس الاسلامي للغذاء والتغذية في كندا 130 Dundas Street East, Suite 206, Mississauga, ON L5A 3V8 • Tel: 905-275-0477 • Fax: 905-275-3330 WWW.IFANCC.ORG | Doc. Number: IFANCC-Frm-15 | Revision: 4.0 |
| | Document Name: Halal Certification Application Form | |

6). Product Information (Continued):

(1). 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 Method (Industry, Retail, Foodservice Bulk, or Direct Marketing) | Pack Size / Net Weight |
|-----|--------------|--------------------------------------|-----------------------|-----|---|------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |

| | | |
|--|---|------------------|
|  ISLAMIC FOOD AND NUTRITION COUNCIL OF CANADA المجلس الاسلامي للغذاء والتغذية في كندا 130 Dundas Street East, Suite 206, Mississauga, ON L5A 3V8 • Tel: 905-275-0477 • Fax: 905-275-3330 WWW.IFANCC.ORG | Doc. Number: IFANCC-Frm-15 | Revision: 4.0 |
| | Document Name: Halal Certification Application Form | |

8). Please provide the following documents:

- List of Products
- Product Labels
- Process Flow Charts

9). Comment: Please provide any additional details relevant to this certification process:

10). How did you hear about us? _____

Please Note: IFANCC 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 ALL SUPPORTING DOCUMENTS TO: halal@ifancc.org

| | | | | | |
|--------------------------------|-----------------------------------|----------------------------------|-------------------------------------|--------------------------------------|-------------|
| Prepared by: Haider Khattak | Reviewed by: IFANCC Management | Approved By: Dr. M. Sabir Ali | Revision Date: November 14, 2018 | Effective Date: November 15, 2018 | Page 5 of 5 |
|--------------------------------|-----------------------------------|----------------------------------|-------------------------------------|--------------------------------------|-------------|