	Doc. Number: IFANCA-Frm-31	Revision: 3.3
	Document Name: Application Form for Halal Certification	

Type of application: New Company New Plant Add Product(s)*

Date of Application		IFANCA Application No.	
		<small>(for office use only)</small>	

Company Information:

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


Manufacturing Facility Information:

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

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


Type(s) of products to be Halal certified:

*To add product(s), complete pages 1, 3 and 4 only.

	Doc. Number: IFANCA-Frm-31	Revision: 3.3
	Document Name: Application Form for Halal Certification	

Product 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 is/was certifying: _____</i>	
(3) Please state all food safety programs implemented at the plant (Please include a copy of each food safety program certificate with the application)	<input type="checkbox"/> GMP / HACCP <input type="checkbox"/> ISO-22000 / SQF / BRC <input type="checkbox"/> Other: _____
(4) Marketing type	<input type="checkbox"/> Industry (Bulk, Business to Business) <input type="checkbox"/> Consumer (Retail Package) <input type="checkbox"/> Food Service (Bulk Package) <input type="checkbox"/> Food Service (Retail Package) <input type="checkbox"/> Direct Marketing (Business to Consumer) <input type="checkbox"/> Other: _____
(5) If any of the product/brand is Private Label, provide information.	Private Label Co. Name: _____ Address: _____ Contact Person: _____ Email: _____ Phone: _____
(6) Do you produce product(s) using pork or pork derivatives at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, are the production lines shared between pork containing products & Halal product(s))</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
(7) Do you produce product(s) using animal meat or animal derivatives such as beef powder, chicken powder, chicken fat? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(8) Do you use gelatin as an ingredient in the product or use gelatin to encapsulate product(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide a copy of Halal certificate & detailed information)</i>	
(9) Does any retail product(s) contain alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, what is the percentage) _____% in each product</i>	
(10) If this application is for flavor as a final product(s), does the product(s) contain Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(if yes, what is the percentage) _____% in each product</i>	
(11) Please provide the following information: i) Number of HACCP Plans: _____ ii) Number of full-time employees: _____ iii) Product Variety: _____	
(12) Please indicate the countries or regions where you plan to market your products:	

	Doc. Number: IFANCA-Frm-31	Revision: 3.3
	Document Name: Application Form for Halal Certification	

Product Information:

I acknowledge that all products listed herein are manufactured at this facility. (If not, fill out additional application)

(12) Please list all products to be Halal certified or provide an Excel sheet.

No.	PRODUCT NAME	PRODUCT BRAND NAME <small>(if different from Company name)</small>	Internal Product Code	UPC	Private Label <input type="checkbox"/> Yes <input type="checkbox"/> No	Marketing Type	Pack Size
1					<input type="checkbox"/> Yes <input type="checkbox"/> No		
2					<input type="checkbox"/> Yes <input type="checkbox"/> No		
3					<input type="checkbox"/> Yes <input type="checkbox"/> No		
4					<input type="checkbox"/> Yes <input type="checkbox"/> No		
5					<input type="checkbox"/> Yes <input type="checkbox"/> No		
6					<input type="checkbox"/> Yes <input type="checkbox"/> No		
7					<input type="checkbox"/> Yes <input type="checkbox"/> No		
8					<input type="checkbox"/> Yes <input type="checkbox"/> No		
9					<input type="checkbox"/> Yes <input type="checkbox"/> No		
10					<input type="checkbox"/> Yes <input type="checkbox"/> No		

(13) Does your company repack/relabel/resell any of the above products? Yes No
(if yes, contact halal@ifanca.org)

(14) Please send the product labels or label statement if the request is for retail product.

(15) Please provide a brief explanation of the steps in the manufacturing process. [Attach a process flow chart]

1.	5.	9.
2.	6.	10.
3.	7.	11.
4.	8.	12.

(16) Please provide information about the ingredients. [Schedule H]

- Provide a spread sheet with the information from purchasing records or fill out the following section

No.	INGREDIENTS (full name of ingredient)	DISTRIBUTOR/ SUPPLIER (full name and address)	MANUFACTURER (full name and address)	PACKAGING TYPE	Attach HALAL Certificate, if not attach Specification sheet
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No
7					<input type="checkbox"/> Yes <input type="checkbox"/> No
8					<input type="checkbox"/> Yes <input type="checkbox"/> No
9					<input type="checkbox"/> Yes <input type="checkbox"/> No
10					<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any additional details.

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

(17) Please provide information on all processing aids. [Schedule I]

- Provide a spread sheet with the information from purchasing records or fill out the following section

No.	PROCESSING AIDS (full name of ingredient)	DISTRIBUTOR/ SUPPLIER (full name and address)	MANUFACTURER (full name and address)	PACKAGING TYPE	Attach HALAL Certificate, if not attach Specification sheet
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No
7					<input type="checkbox"/> Yes <input type="checkbox"/> No
8					<input type="checkbox"/> Yes <input type="checkbox"/> No
9					<input type="checkbox"/> Yes <input type="checkbox"/> No
10					<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any additional details.

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

(18) Please provide information on all sanitation, cleaning chemicals and materials. [Schedule J]

- Provide a spread sheet with the information from purchasing records or fill out the following section

No.	SANITATION, CLEANING & CHEMICALS	DISTRIBUTOR/ SUPPLIER <small>(full name and address)</small>	MANUFACTURER <small>(full name and address)</small>	PACKAGING TYPE	Attach HALAL Certificate, if not attach Specification sheet
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No
7					<input type="checkbox"/> Yes <input type="checkbox"/> No
8					<input type="checkbox"/> Yes <input type="checkbox"/> No
9					<input type="checkbox"/> Yes <input type="checkbox"/> No
10					<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any additional details.

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

(19) Please provide information about all packaging materials. [Schedule K]

- Provide a spread sheet with the information from purchasing records or fill out the following section

No.	PACKAGING MATERIALS <small>(full name of material)</small>	DISTRIBUTOR/ SUPPLIER <small>(full name and address)</small>	MANUFACTURER <small>(full name and address)</small>	PACKAGING TYPE	Attach HALAL Certificate, if not attach Specification sheet
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No
7					<input type="checkbox"/> Yes <input type="checkbox"/> No
8					<input type="checkbox"/> Yes <input type="checkbox"/> No
9					<input type="checkbox"/> Yes <input type="checkbox"/> No
10					<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any additional details.

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

(20) Please provide information on all greasers & lubricants. [Schedule L]

- Provide a spread sheet with the information from purchasing records or fill out the following section

No.	LUBRICANTS (full name of ingredient)	DISTRIBUTOR/ SUPPLIER (full name and address)	MANUFACTURER (full name and address)	PACKAGING TYPE	Attach HALAL Certificate, if not attach Specification sheet
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No
7					<input type="checkbox"/> Yes <input type="checkbox"/> No
8					<input type="checkbox"/> Yes <input type="checkbox"/> No
9					<input type="checkbox"/> Yes <input type="checkbox"/> No
10					<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any additional details.	
--	--

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