

## DEPARTMENT OF ISLAMIC DEVELOPMENT MALAYSIA (JAKIM) HALAL HUB DIVISION

Ground Floor, Block 2200 Enterprise Building 3, Persiaran APEC 63000 Cyberjaya Selangor Darul Ehsan MALAYSIA

Tel: 603 – 8315 0200 Fax: 603 – 8318 7044

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 : District :	6. Website :
Country :	7. e-Mail :
<ul> <li>8. Type of Application :</li> <li>□ Food &amp; Beverages</li> <li>□ Food Supplement</li> <li>□ Cosmetic</li> </ul>	

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

11. HALAL LIAISON OFFICER				
Num.	Name	Designation	Contact No.	e-Mail

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 :	

 $\Box$  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 MA	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 Alcohol	<ul><li>○ Yes</li><li>○ Yes</li></ul>	<ul> <li>No</li> <li>No</li> </ul>

## LIST OF PRODUCT

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

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)

LIST OF ALL INGREDIENT USED				
Product	Ingredient Name	Source of Ingredient	Manufacture Name & Address	Halal Status
				1
				1

\*PLEASE MAKE SUFFICIENT COPY FOR EACH PRODUCT

#### DECLARATION

SUPP	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		
DOCU	MENTS 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