



DEPARTMENT OF ISLAMIC DEVELOPMENT MALAYSIA
FORM OF INFORMATION ON ISLAMIC ORGANISATION
FOR ISSUANCE OF HALAL CERTIFICATES

Level 1, Block D7, Federal Government Administration Centre, 62519 Putrajaya, Malaysia.
Tel: 603-8884135/88864043/88864000 Fax: 603-88894951

Particulars of Organisation

- (1) Name Of Organisation:
- (2) Registration No:
- (3) Year of Establishment:
- (4) Address:
.....
.....
- Tel : Fax : E-Mail :
- (5) Contact person:
Officer in charge on halal certification :
- (6) Head Office Address:
.....
- (7) Tel : Fax :E-Mail :
- (8) Chairman:
- (9) Total Number of staffs
(i) Local Foreigner
(ii) Muslims Non Muslims
- (10) Number of Syariah advisors
(Please enclose the copy of qualification)

(11) Number of Food Technologist

No.	Name of the Food Technologist	Age	Qualification

((Please enclose the copy of qualification))

(12) Number Of Abattoirs Under Supervision

No.	Name of Abattoirs	Address

(13) Number of Slaughter men

No.	Name of the slaughter man	Age	Qualification	Nationality

(14) Number of Supervisors

(Please enclose the copy of qualification)

(15) Number of Food Factory Under Supervision (Non-meat product)

No.	Name of Food Factory and Address	Brand Name of the product

Declaration

I Declare that all particulars stated herein together with the necessary document attached are true.

.....
(President/Chairman/Secretary
of the Organisation

.....
(Date)

.....
Official Stamping

Endorsement From the Local Authority

I certified that the above information are true.

.....
(name and designation)

.....
(Date)

.....
Official Stamping

For Office Use

Date of Application Received

New Application

Renewal

Date of Inspection

Approval Status

.....
(Director
Division of Halal Development
Department of Islamic Development Malaysia)

.....
(Date)