



DEPARTMENT OF ISLAMIC DEVELOPMENT MALAYSIA

Malaysia Halal Council Secretariat, Level 6, Block D, Kompleks Islam Putrajaya (KIP)

No. 3, Jalan Tun Abdul Razak, Precint 3, 62100 Putrajaya, Malaysia

Tel.: +6038892 5000 Website: www.halal.gov.my

**CHECKLIST FOR APPLICATION OF RECOGNITION
FOREIGN HALAL CERTIFICATION BODY**

- | | |
|---|--------------------------|
| 1. Official Application Letter; | <input type="checkbox"/> |
| 2. Application Form; | <input type="checkbox"/> |
| 3. Organization Profile and Chart; | <input type="checkbox"/> |
| 4. Organization Logo/Mark; | <input type="checkbox"/> |
| 5. Organization Registration Licence; | <input type="checkbox"/> |
| 6. Copy of Recognition Letter/Endorsement Letter by Local Authority; | <input type="checkbox"/> |
| 7. Copy of Halal Certificate; | <input type="checkbox"/> |
| 8. Copy of Halal Logo/Mark; | <input type="checkbox"/> |
| 9. Copy of Authorized Name and Signature; | <input type="checkbox"/> |
| 10. Copy of Consignment Letter/Consignment Note; | <input type="checkbox"/> |
| 11. Copy of Auditors Qualification Certificate; | <input type="checkbox"/> |
| 12. Copy of Shariah Advisory Board Qualification Certificate; | <input type="checkbox"/> |
| 13. Copy of Appointment Letter of Auditors & Shariah Advisory Board; | <input type="checkbox"/> |
| 14. Copy of International Recognition Certificate; | <input type="checkbox"/> |
| 15. Copy of Certification and Monitoring Standard Operating Procedures (SOP); | <input type="checkbox"/> |
| 16. Report on Social Activities and Zakat Contributions; | <input type="checkbox"/> |
| 17. Video Recording of Audit Sessions (Only for Remote Audit); and | <input type="checkbox"/> |
| 18. Declaration Form. | <input type="checkbox"/> |
| 19. List of Clients (Certified Companies/Establishments). | <input type="checkbox"/> |



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**APPLICATION FORM
RECOGNITION OF FOREIGN HALAL CERTIFICATION BODY**

Notes: Applicant shall understand the Procedure for Appointment of Foreign Halal Certification Body (FHCB)
Applicant shall fill up all the information and attach supporting document as required before submission.

Application type:	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal Application
	<input type="checkbox"/> New Added Scheme	<input type="checkbox"/> Reaudit
Status:	<input type="checkbox"/> Government Body	<input type="checkbox"/> Islamic Body
	<input type="checkbox"/> Private Body	

A. APPLICANT			
Name:			
Designation:			
Contact No.:			Email:
B. ORGANIZATION			
FHCB Name:			
Address:	Zipcode:	State:	Country:
Contact No.:	Fax:		
Email:	Website:		
Registration No.:	Year of Establishment:		
C. BRANCH/OPERATIONAL OFFICE (if any)			
FHCB Name:			
Person Incharge:			
Designation:			
Contact No.:			Email:
Branch Address:	Zipcode:	State:	Country:
Contact No.:	Fax:		
Email:	Website:		
Registration No.:	Year of Establishment:		
D. ADMINISTRATIVE DETAILS			
Total Staff:	<input type="checkbox"/> Muslim	<input type="checkbox"/> Non Muslim	
No.	Name	Designation	Nationality

Note: Please submit an attachment if the space provided is limited

E. AUDITORS				
i. Shariah Auditors				
No.	Name	Qualification	Nationality	Status

ii. Technical Auditors				
No.	Name	Qualification	Nationality	Status

F. SHARIAH ADVISORY BOARD				
No.	Name	Qualification	Nationality	Status

G. INTERNATIONAL RECOGNITION/ACCREDITATION			
No.	Organization	Field of Recognition/Accreditation	Validity

Note: Please submit an attachment if the space provided is limited

H. CLASS OF RECOGNITION

Please mark (/) if relevant to your application:

- i. Food/Beverages/Raw Materials Product;
- ii. Food Premise/Hotel/Restaurant;
- iii. Consumer Goods;
- iv. Cosmetic and Personal Care;
- v. Pharmaceutical;
- vi. Medical Device;
- vii. Logistics Services; and
- viii. Slaughterhouse.

Please fill in the information related to your application and under your supervision

Food/Beverages/Raw Materials Product			
No.	Company/Manufacturer Name	Address	Product Brand & Type

Food Premise/Hotel/Restaurant			
No.	Company Name	Address	Product Brand & Type

Consumer Goods			
No.	Company/Manufacturer Name	Address	Product Brand & Type

Cosmetic and Personal Care			
No.	Company/Manufacturer Name	Address	Product Brand & Type

Pharmaceutical			
No.	Company/Manufacturer Name	Address	Product Brand & Type

Note: Please submit an attachment if the space provided is limited

Medical Device			
No.	Company/ Manufacturer Name	Address	Product Brand & Type

Logistics Services			
No.	Company Name	Address	Type of Service (Warehousing/ Transportation/ Retailing)

Slaughterhouse			
No.	Establishment Name and No.	Name of Halal Slaughterman, Halal Checker and Halal Supervisor	Type of Animal Slaughtered
		i. Name: ii. Qualification: iii. Nationality: iv. Status (Permanent/Contract of Service): v. Designation: Halal Slaughterman/ Halal Checker/Halal Supervisor	

Note: Please submit an attachment as the space provided is limited

I. APPLICANT DECLARATION

I/ We declare that all particulars stated herein together with the necessary documents attached are true.

 Name:
 Designation:

 Date:

J. ENDORSEMENT FROM LOCAL AUTHORITY/EMBASSY OFFICE

I/We hereby declare that the above information is true.

 Name:
 Designation:

 (Official stamp)

 (Date)

FOR OFFICE USE ONLY

Received by:

Received date: