

HALAL USA INC.

APPLICATION FOR CERTIFICATE OF HALAL COMPLIANCE PHARMACEUTICALS COSMETICS & HEALTHCARE SUPPLIMENTS

INSTRUCTIONS:

- Applications can be completed and saved as a Word document. Please type in the grey field for text and double click on check boxes to mark them. Alternatively you may print out and complete the application by hand.
- We encourage applications to be sent electronically to info@halal-usa.com for the most efficient and environmentally friendly service.
- However, if you prefer to provide us with a hard copy then please send the completed form by mail to Halal USA Inc., 8609 Santiago Street, Jamaica NY 11423

| 1. Applicant's Details | | | |
|--|--|-----------------------------------|---|
| Client type: | <input type="checkbox"/> New client <input type="checkbox"/> Existing client | Year established: | Est No. |
| Business/Trading Name: | | | |
| Legal name (if different from above): | | | |
| Type of entity: | <input type="checkbox"/> Private Company <input type="checkbox"/> Public Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Other: | | |
| Company Registration Number: | | Other Registration, if available: | |
| Head Office Address: | | | |
| Mailing Address: | | | |
| Invoicing Address : | | | |
| Website: | | | |
| 2. Authorised Person Details | | | |
| Full Name: | | | |
| Position: | | | |
| Telephone: | | Fax: | |
| Mobile: | | Email: | |
| 3. Contact Person Details (if different from above) | | | |
| Full Name: | | | |
| Position: | | | |
| Telephone: | | Fax: | |
| Mobile: | | Email: | |
| 4. Primary Factory Site Details (Please include details on Additional Sites in following format by attaching separate pages) | | | |
| Site Name : | | | |
| Physical Address: | | | |
| Mailing Address: | | | |
| Contact Person: | | | |
| Telephone: | | Fax: | |
| Mobile: | | Email: | |
| Is this site fully Halal dedicated or intended to be: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this a third-party contract manufacturer for your products? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes please provide - Name of Company: Contact Person: Contact No. |

| | | |
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5. Company Profile

| | | |
|---|---------|---------|
| Total No of FTE (full time equivalent employees) broken per site <i>Employees includes all contractors, casuals, seasonal staff etc.</i> | Site 1: | Number: |
| | Site 2: | Number: |
| | Site 3: | Number: |
| | Site 4: | Number: |

| | | |
|--|-----------------------------------|---|
| Intended Market: Estimated Revenue: | <i>Domestic Primary consumers</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Restaurant/caterers _____ <input type="checkbox"/> Supermarkets _____ <input type="checkbox"/> Distribution Centre _____ <input type="checkbox"/> Airlines catering company _____ <input type="checkbox"/> Other _____ |
| | <i>Export</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--------------------|--|
| Estimated Revenue: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------|--|

| | |
|--|--|
| Details of Intended Market/s (tick all applicable) | <input type="checkbox"/> Australia/ New Zealand only <input type="checkbox"/> United Arab Emirates <input type="checkbox"/> Singapore <input type="checkbox"/> Malaysia <input type="checkbox"/> Indonesia. <input type="checkbox"/> Saudi Arabia and other Gulf countries (excl. UAE) <input type="checkbox"/> Other: _____ |
|--|--|

| | |
|---|---|
| Is the applicant part of a larger group of Companies? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Name of Larger Group: _____ Website: _____ |
|---|---|

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|---|--|
| Intended start date for Halal production: | |
|---|--|

6. Does the site/s process or store any of the following materials?

| | | | |
|---------------------------------|------------------------------|-----------------------------|---------------------------------|
| 1. Pork, Ham or Bacon | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 2. Other Meat/Poultry | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 3. Alcoholic Beverages | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 4. Blood Products | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| 5. Other (e.g. chemicals) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| <i>Please specify if other:</i> | | | |

7. Existing Quality Assurance Management Program/s and Certifications (Please mark applicable boxes and attach copy of certificate/s)

| | | | | | |
|----------------|--------------------------|------------|--------------------------|---------------------------|--------------------------|
| Halal | <input type="checkbox"/> | BRC | <input type="checkbox"/> | Kosher | <input type="checkbox"/> |
| WQA | <input type="checkbox"/> | SQF | <input type="checkbox"/> | Organic | <input type="checkbox"/> |
| HACCP | <input type="checkbox"/> | ISO 9001 | <input type="checkbox"/> | Department of Agriculture | <input type="checkbox"/> |
| Export Licence | <input type="checkbox"/> | Vegetarian | <input type="checkbox"/> | Other | <input type="checkbox"/> |

8. Product Details (Please provide details of Product Details for each additional sites in the following format, on a separate sheet if necessary)

| Name of Primary Site: | Name of the Products/ Ingredients that requires Halal Certification | | |
|---|---|--|--|
| Please detail ALL Products Manufactured at this Site: | Product 1 Name of Product | Product 2 Name of Product | Product 3 Name of Product |
| | Ingredients: | Ingredients: | Ingredients: |
| | Halal Certification Required: | Halal Certification Required: | Halal Certification Required: |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Laboratory Testing

| | |
|---|--|
| Do you agree to use Halal USA's preferred laboratory and pay related costs if testing is necessary: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, please provide your preferred laboratory contact details: | Laboratory Name: Contact Person: Position: Telephone: Address: Email: |

10. Halal Australia Policies

Confidentiality Policy: Halal USA has policies and procedures in place regarding its management of confidential information. Please note that upon submission of your application, Halal USA agrees to hold all information obtained in the strictest of confidence and will notify you in writing prior to any use or disclosure to verify the details you have provided. If you have any questions or concerns regarding Halal USA's confidentiality policy or would like to receive a copy, please contact us.

Non-Discriminatory Policy: Halal USA shall make its services accessible to all applicants whose activities fall within its scope of operations. All applications will be treated fairly.

11. Applicant Declaration

I declare that I am duly authorised by the entity to act on its behalf in submitting this application. I declare that all particulars stated above, together with the necessary documents attached, are true to the best of my knowledge and that no relevant information has been willfully suppressed or withheld.

I acknowledge that I have read and accepted the relevant information regarding fees on the website at <https://halal-usa.com/apply-here/>.

Specifically, I am aware of and accept the following conditions:

- The application processing fee stated above is separate to the costs for halal accreditation and certification, which will be estimated (with a quote provided) once an initial assessment is conducted of your application.
- By virtue of this application, I accept liability of the reasonable travel and administration costs of a preliminary inspection by authorised representatives of Halal USA to be conducted prior to final approval of the Certificate of Halal Compliance. I remain responsible for payment of these fees even if Halal certification cannot be awarded due to the inspection revealing critical issues that cannot be rectified.
- By virtue of this application, I duly authorise Halal USA where necessary and in their sole discretion to approach other recognised Muslim authorities or any supplier or manufacturer of any equipment or other peripherals used by the applicant to verify its conformity with the Halal standards set by Halal USA. I acknowledge that Halal USA will notify me prior to any such use or disclosure of the confidential information contained within this application.

Name of Authorised Representative:
Position:
Signature:
Date:

Thank you for your interest in our products and services. Please return completed form to info@halal-usa.com