

**APPLICATION TO USE
HMC'S HALAL CERTIFICATION MARK:
CUTTING / PROCESSING PLANT**



Unit 35 - Cobden House
Cobden Street, Leicester, LE1 2LB, UK
Tel: +44 (0)116 326 0165
Fax: +44 (0)116 290 2011

1. Business Name In Full: _____
2. Name of Proprietor In Full: _____
3. Contact Person: _____
4. Trading Name (if different from above): _____
5. ** Business Status (cc., Trust, Ltd., etc): _____
6. Registration No.: _____
7. Current Proprietor established since: _____
8. Postal Address: _____
_____ Post Code: _____
9. Physical Address: _____
_____ Post Code: _____
9. Tel: _____ 10. Fax: _____ 11. Mobile: _____
12. Web Address: _____ 13. E-Mail: _____
14. Days of trading – please tick days and state opening times below each day:

MON	TUES	WEDS	THURS	FRI	SAT	SUN

15. Production Details:

PRODUCT	QUANTITY PER DAY

* All additional products should be included on an additional sheet

Initials: _____

HMC/CPA

16. Cutting / De-Boning facility on site: (if applicable) state yes / no: _____

17. Details of other products (if applicable) yes / no: _____

(If yes, please provide a complete list of products and ingredients per product, together with supplier / manufacturer details). - please use additional sheets if required.

I / We** understand that by virtue of this application, I must return the completed application form together with a *non-refundable* application fee of £80.00 (Eighty Pounds Sterling) to: **HMC**, by cheque or directly into **HMC's** account :

Account Name: **HMC (UK)**, Bank: HSBC, 289 Uppingham Road, Leicester, LE5 4DG

Account No : 71518526 Sort Code: 40-28-26

Please email/fax confirmation deposit slip to email: info@halalmc.org +44 (0) 116 290 2011 for **HMC's** record.

I / We** accept liability of the reasonable travel and administration costs of a preliminary inspection by **HMC**.

I / We** understand that by virtue of this application I / We** duly authorise **HMC** 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 CRITERIA set by **HMC**.

**** Delete as appropriate.**

Name: _____

Position: _____

Signed: _____ Date: _____

For and on behalf of:

Kindly endorse with company rubber stamp:

* **Strictly Confidential:**

HMC, undertakes to treat all information supplied by or obtained from the application in respect of its processes, trade secrets, prices and operations in the strictest confidence and will not divulge such information for the benefit of any other person or company.

* Please complete the attached sheet, including raw products and ingredients used at the premises and also use additional place as continuation sheet or to include any additional information you feel may be appropriate.

Initials: _____

HMC/CPA

