

**APPLICATION TO USE  
HMC'S HALAL  
CERTIFICATION MARK:  
OTHER PRODUCTS**



83 Rolleston Street • Leicester • LE5 3SD • UK  
Tel: +44 (0) 844 846 0340 • Fax: +44 (0) 116 251 5450

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 inspection required – please tick days and state production times below for each day:

MON	TUES	WEDS	THURS	FRI	SAT	SUN

15. Please provide a complete list of the products, ingredients, together with supplier / manufacturer details including additives, agents, carriers, 'E' numbers to be listed, etc.,  
\* Please include the above information on the additional sheet on page 3 of this document.
16. If product label with all ingredients available then please affix to page 3.

**Initials:** \_\_\_\_\_

**HMC/OP**

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 :

National Westminster Bank, 121a East Park Road, Leicester LE5 4NY,

Account : 71014861, Branch Code: 60 15 48.

Please fax deposit slip to: (0044) 116 2515 450 for confirmation and record purposes.

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/OP**

