



APPLICATION FORM

Tax code :	Company Name:
Full Address:	
ZIP CODE::	
MD/CEO Name :	Program Contact Name :
Telephone:	Fax :
Mobile :	Email:

Standard(s) to which certification - Please tick or right there required

STANDARD	tick
HALAL	
Other :	

How many shifts, if more than one?	
Number of Employees/Staff/	
Total Full Time Staff	
Total Part Time Staff	

Address:

D-08-01 Subang Jaya.Selangor

Malaysia.phone:+60 3-51154424

Website:worldhalalcertification.net



APPLICATION FORM

Has a consultant used to help develop the system?

Yes:	No:	Name Of The Consultant :
------	-----	--------------------------

please explain the scope , services or products of your organization.

The items announced by the organization will be inserted exactly in the certificate.

Contact person in HALACERTIFICATION: Mr./Mrs.