

## MUSLIM ASSOCIATION OF MALAW HALAAL DEPARTMENT



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## APPLICATION FORM FOR HALAAL RECOGNISED OUTLET

PARTICULARS OF APP	LICANT	Type of Business:			
Name of Establishment:			Butchery: Me Chicken only:	eat/chicken outlet: 	Office Use
Physical Address:	Tel:/ Cell: (Hotline):				
Post Office Box		Email: Operating Daysper week:			$\top$
		Operatin	g Hours per day:		
Contact Person:	nation: Contact No.				
II. PARTICULA	RS OF PEI	RMANE	NT MUSLIM ST	AFF IF ANY	
Name	Date Join	ed	Designation	Working Hours	
1.					+
2.					$\top$
3.					$\top$
III. This Application m (a) Business Re (b) Food Licend	gistration		the following - istrict Assembly		
IV. DECI I declare that the particulars in th knowledge and belief, and that I requested for in this application.	ARATION e application f have not wilful	om and s	apporting docum ents	are true to the best of my ts which are	
Authorised Signature					
Name	Date		Compan	y Stamp	
FOR OFFICE USE ONLY:	I	NITIAL I	NSPE CTION		
Date Received:			Small/Medium/ Larg	ge scale/Owned by M/N	₹M
Date of Inspection:	Date Signed:		Approved/R	ej ected	
TH	IIS IS NO	OT A C	ERTIFICAT	E	

## PRODUCTS APPLYING FOR

NOTE: Please provide a detailed list of product items and ingredients used as shown in Example below

Product	Supplier	Halaal Certificate Issuing Authority	For Office Use
Example: Beef	Cold Storage	Halaal Dept Malawi	

NOTE: Please photocopy for additional sheets.

CEDITIES A TITON DE COESS						
<u>CERTIFICATTION PROCESS</u>						
Certificates will be issued after a minimum of 3 visits from the date of application.						
During the observation period inspection and all preparation work shall take place accordingly.						
Certificates will be issued only after satisfaction of the required conditions as advised by <b>HD</b> and stipulated in the memorandum of agreement.						