



MUSLIM ASSOCIATION OF MALAWI HALAAL DEPARTMENT



First floor, Globe Chambers House, Limbe. Tel: 01 840 560, Email: info@halaalmalawi.org
Web: www.halaalmalawi.org

APPLICATION FORM FOR FOOD PROCESSOR, MANUFACTURER AND EATING ESTABLISHMENT

I. PARTICULARS OF APPLICANT		Type of Business: Meat Processor: _____ Manufacturer: _____ Restaurant: _____ Bakery: _____		Office use
Name of Establishment :				
Physical Address:		Tel: /Cell (Hotline No.)		
		Email:		
Post Office Box		Operating Days Per week:		
		Operating Hours per day:		
Contact Person:		Designation: _____ Contact No.: _____		
II. PARTICULARS OF PERMANENT MUSLIM STAFF IF ANY				
Name	Date Joined	Designation	Working Hours	
1.				
2.				
3.				
III. This Application must be accompanied with the following - (a) Business Registration (b) Food Licence from the City/Town/District Assembly				
IV. DECLARATION BY APPLICANT I declare that the particulars in the application form and supporting documents are true to the best of my knowledge and belief, and that I have not wilfully suppressed any material facts which are requested for in this application. Authorised Signature Name _____ Date _____ Company Stamp _____				
FOR OFFICE USE ONLY: INITIAL INSPECTION				
Date Received:		Small/Medium/ Large Scale/ Owned by M...../NM.....		
Date of Inspection:		Date Signed: _____ Approved/Rejected		
THIS IS NOT A CERTIFICATE				

BREAKDOWN OF PRODUCTS APPLYING FOR	
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NOTE: Please provide a detailed list of product items and ingredients used as shown in example below.

[illegible]

NOTE: Please photocopy for additional sheets.

LIST OF PRODUCTS/BRANDS ITEMS APPLYING FOR

- 1.
- 2.
- 3.
- 4.
- 5.

CERTIFICATION PROCESS

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 HD and stipulated in the memorandum of agreement.