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|  | <p style="text-align: center;"><b>UGANDA <i>Halal</i> BUREAU</b></p> <p style="text-align: center;"><b>HALAL CERTIFICATION SCHEME</b></p> |                              |
| Document Title                                                                    | INDUSTRY OPERATING FORM                                                                                                                   | Document No.<br>AF/FOF/ /026 |
| Document Name                                                                     | <b>APPLICATION FORM</b>                                                                                                                   | Issue No.                    |



**HALAL CERTIFICATION SCHEME**  
**FOOD SERVICE / HOTEL'S APPLICATION FORM**

Date.....

*(To be filled in Duplicate)*

The information filled hereunder shall be treated as strictly **confidential** and shall not be divulged for the benefit of any other person or company.

|                                                                                   |                                                                        |                              |
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1. Name of Establishment/Company/Organisation/Business in full.

.....

2 a) Reason for Certification.

| Type of client |  | New client                          |  | Existing client                                             |
|----------------|--|-------------------------------------|--|-------------------------------------------------------------|
| Request for    |  | Initial service Halal certification |  | Removal of service(s) from the present certification scheme |
|                |  | Extending Halal certification scope |  | Renewal of Halal certification                              |
|                |  |                                     |  | Addition of service(s) to the present certification scheme  |

2 b) Reason for applying for the Halal certification scheme.

.....

3. Contact information.

|                                      |                              |
|--------------------------------------|------------------------------|
| Physical location:                   | Postal Address:              |
| Company Email address:               | Company Tel No:              |
| Name and Role of the contact person: | Telephone contact and email: |

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**UGANDA *Halal* BUREAU**  
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Nature of the Business/Company (Kitchen, Café, Restaurant, Hotel, Catering service, etc.):

4. Is the company a legal entity? (*Please attach certificate of registration and trading license*)

.....

5. Areas of operation for which certification is requested (tick all that apply):

- Kitchen
- Restaurants/Cafes
- Banqueting/ Catering services
- Room service
- Bakery/ Pastry section
- Beverages
- Accommodation
- Others (specify):

6. Have you been Halal-certified before? If yes, provide:

Name of certifying body:

.....

Last certification date:

.....

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Reason for non-renewal/withdraw (if applicable):

.....

7. Full description of services offered at your facility. *(Please attach a copy of a brochure or pamphlet)*

.....  
.....  
.....  
.....

8. Full description of food categories prepared or processed or served at your facility: *(Please attach copy of menu)*

.....  
.....  
.....  
.....

9. Are there any ***Non-Halal*** items prepared or present at the facility? If Yes, state the below

.....

10. Are Halal and non-Halal processing areas separated? If yes, explain the measures taken to avoid cross-contamination:

.....  
.....

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11. Are there any ‘ready items’ bought in e.g. bakery, confectionery etc. If yes, please attach a full list together with supplier details.

12. Please provide a complete list of ingredients/raw materials used, together with supplier / manufacturer details. Please attach raw material inventory list. Full disclosures must be made of both raw materials e.g. meat, meat-services, spices, seasonings, condiments, cooking aids, oils etc and ready services e.g. desserts, baked goods, finger foods, confectionery and others.

13. Please provide the following additional information.

- Certificate of registration of Business
- Trading license
- Organisational structure
- Copies of branded packaging material/items
- Medical examination certificates for food handlers
- Halal certificates for ingredients/raw materials
- Pest control records
- Personnel hygiene checklists
- Facility cleaning routines

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- Waste management records
- List of suppliers

|                                                                                   |                                                                                   |                              |
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We, the **authorised representatives of applicant** declare that the information given above is true and shall comply with the requirements for certification and abide by the terms and conditions and any amendments leading to the Halal Certification of our product(s)/service(s). We agree to supply any other information needed for evaluation of the products to be re/certified.

We understand that by virtue of this application, we accept to cater for all costs incurred during the process of certification prior to the on-site audit of our production facility by Uganda Halal Bureau (**UHB**).

We also understand that by virtue of this application We duly authorize **UHB** where necessary and in their sole discretion, to approach other recognized Muslim Authorities or any supplier or manufacturer of any equipment or feeds or other peripherals used by the applicant to verify its conformity with Halal standards set by **UHB**.

For and on behalf of,

.....

Name: .....

Position: .....

Signature: ..... Date: .....

Kindly endorse with the company's official stamp

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**\* Strictly Confidential:**

**Uganda Halal Bureau**, 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 confidentiality and will not divulge such information for the benefit of any other person or company.



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**DECLARATION OF RAW MATERIALS**

| No. | Raw materials/<br>Ingredients | Origin of<br>Ingredient:<br>Animal/Plant/Synth<br>etic | Supplier/<br>Contact<br>person | Telephone No. | Manufacturer<br>(if different from<br>Supplier) |
|-----|-------------------------------|--------------------------------------------------------|--------------------------------|---------------|-------------------------------------------------|
|     |                               |                                                        |                                |               |                                                 |
|     |                               |                                                        |                                |               |                                                 |
|     |                               |                                                        |                                |               |                                                 |
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|  |  |  |  |  |  |

**For office use only:**

Date received: .....

Received by: .....

Remarks: .....

Signature: .....

**To Note:**

- 1) Please return this filled form together with proof of payment, of a non-refundable application fee of Ugx Shs.50,000/= to: **Account number; 2000159371, Name: Uganda Halal Bureau Limited in Tropical Bank.**
- 2) This Application form is to **only** be reviewed **after** payment of the application fee.

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