



## UGANDA HALAL BUREAU

### HALAL CERTIFICATION SCHEME

Document Title      INDUSTRY OPERATING FORM      Document No. **HC/OE/R/00**

Document Name      APPLICATION FORM      Issue No. 00

### **APPLICATION TO USE UHB'S HALAL LICENCE / CERTIFICATE: RESTAURANT**

1. Business Name in full: \_\_\_\_\_
2. Business Status (Partnership/Ltd etc): \_\_\_\_\_
3. Registration No.: \_\_\_\_\_
4. Trading Name (if different from above): \_\_\_\_\_
5. Postal Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_
6. Physical Address: \_\_\_\_\_
7. Tel: \_\_\_\_\_      8. Fax: \_\_\_\_\_      9. Country: \_\_\_\_\_
10. Mobile Phone No. \_\_\_\_\_      11. E-Mail: \_\_\_\_\_      12. Pin No. \_\_\_\_\_
13. Full description of food prepared / processed and served at your restaurant: *(Please attach copy of menu)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
14. Are there any 'ready items' bought in e.g. bakery, confectionery etc. Please provide full list together with supplier details.



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15. 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 all raw materials e.g. meat, meat-products, spices, seasonings, condiments, cooking aids, oils etc and ready to eat products e.g. desserts, baked goods, confectionery etc.

I / We understand that by virtue of this application, I / We accept liability of the reasonable travel and administration costs of a preliminary inspection by **UHB**.

I / We understand that by virtue of this application I / 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 other peripherals used by the applicant to verify its conformity with Halal standards set by **Uganda Halal Bureau**.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For and on behalf of:

Kindly endorse with company rubber stamp:



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**Please return the completed application form together with *non-refundable* application fee of shs. 50,000/= to: UHB P. O Box 163051 Kampala (Uganda), Tel: 0414-233561, +256758520011**

**\* Strictly Confidential:**

UHB, 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.





**UGANDA HALAL BUREAU**  
**HALAL CERTIFICATION SCHEME**

Document Title      OPERATING FORM Document No. **HC/OE/R/001**

Document Name      APPLICATION FORM      Issue No. 2


<b>For Office Use Only:</b>	
Date Received: _____	
Evaluated _____	
Remarks: _____	Signature: _____