



UGANDA HALAL BUREAU

HALAL CERTIFICATION

Document Title INDUSTRY OPERATING FORM Document No. **HC/MOF/ 00**

Document Name APPLICATION FORM Issue No. 00

Document No: HC/MOF/00

issue No:00



UGANDA HALAL BUREAU

HALAL RECERTIFICATION SCHEME

APPLICATION FORM

APPLICATION FOR RECERTIFICATE TO USE THE HALAL MARK FOR THE UGANDA HALAL BUREAU

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.

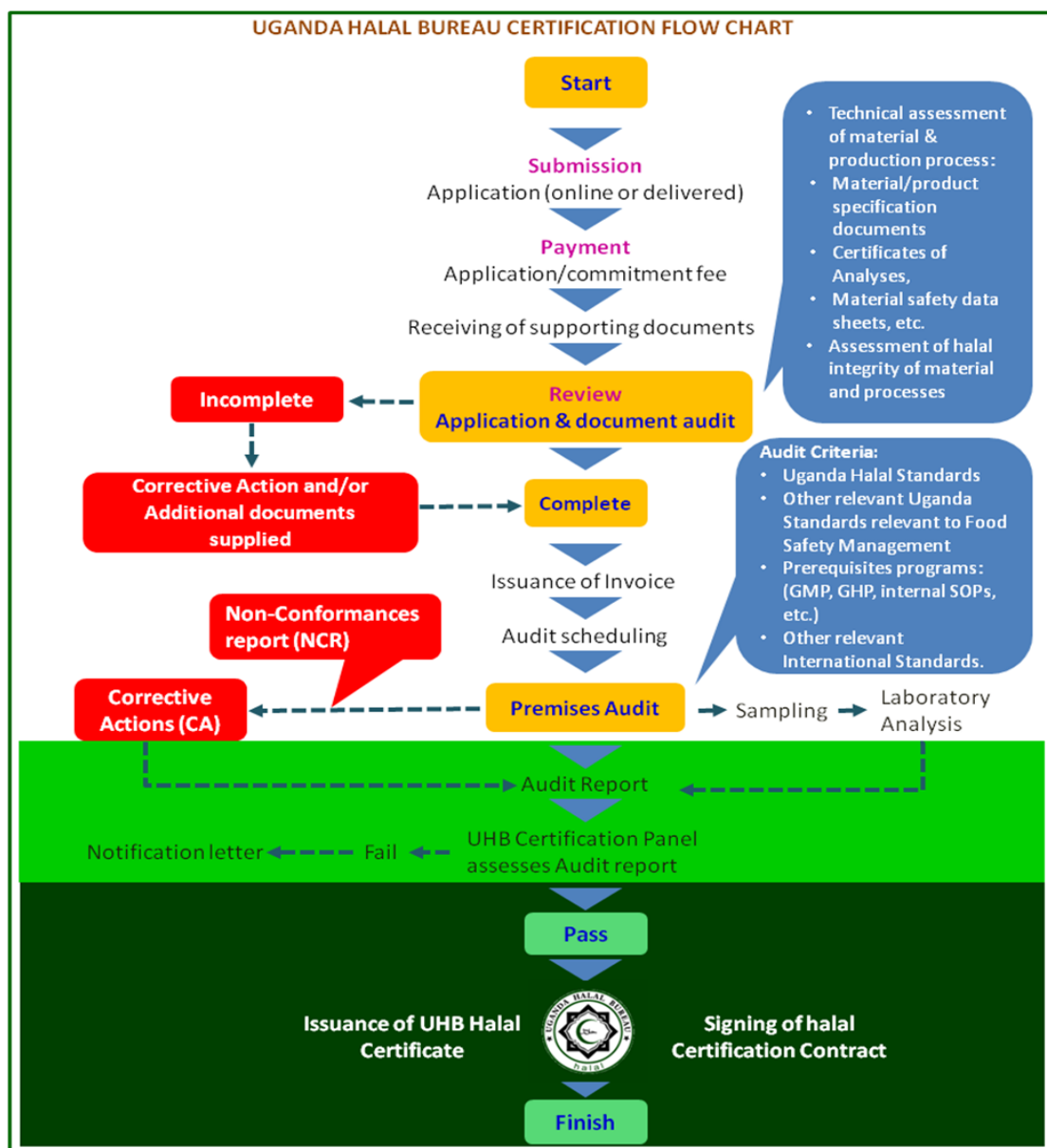


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1. Name of Establishment/Company/Organisation/Business in full

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2. Contact information:

Physical location:	Postal address:
Company Tel No:	Email address:
Fax:	
Name of contact person:	Telephone contact and email:

3. Is company a legal entity? (*Attach certificate of registration and trading license*)

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4. Name of product(s)/service(s)

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5. Description of product(s)/service(s)

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6. Define the scope of the desired certification



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7. Outline the relevant standards and/or legal requirements

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8. Are there any out sourced processes that may affect conformity?

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9. To which level have you implemented the Food Safety Management System?

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10. Fill in attachments to this form as follows:

- List of raw materials (*attach certificates if available*)
- Details of technical personnel

11. Please provide the following additional information:

- Certificate of registration of business
- Trading license



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- Organisational structure
- Copies of labels
- Process flow diagrams
- Most recent copies of external laboratory tests for all the products
- Medical examination certificates for food handlers
- Halal certificates for ingredients/processing aids
- Material safety data sheet for ingredients/ processing aids
- Calibration certificates of all equipment used
- Non-conformance reports.
- Pest control certificates
- Personnel hygiene checklist
- Samples of the products to be certified



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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 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 **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**.



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For and on behalf of,

.....

.....

Signed

.....

Signed

.....

Name

.....

Name

.....

Designation

.....

Designation

Official stamp



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Please return the completed form together with a non-refundable application fee of **50,000/=** to: **Uganda Halal Bureau P.O. Box 9762, Kampala (U), Tel: +256 (0)414233561,+256753797569**



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DETAILS OF TECHNICAL PERSONNEL

No	Names	Qualification and T	Responsibilities
1.			
2.			
3.			
4.			
5.			

Uganda Halal Bureau

DECLARATION OF RAW MATERIALS

Name of Product	Ingredients a	Origin of ing	Supplier or Manu	Indicate whether c
	materials/ processin	(plant, ani	Name and Contact	are available (c
		synthetic) indicat		available)
		S		√ or x



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For office use only:

Date received..... Received

by.....

Remarks.....

Signature.....