



مجلس الأئمة الفداء إلى الأسترالي

ANIC HALAL AUTHORITY

Australian National Imams Council

ABN: 66 122 669 318

APPLICATION FORM FOR HALAL ACCREDITATION SERVICE

APPLICATION DETAILS

Company Name			
ABN Number			
Address			
Telephone		Fax	
Website		Email	
Type of Business			
Service Required			
Target Markets			
Referred By			

DECLARATION

I declare that the particulars supplied in this application form and in the supporting documents attached herewith, are true and correct to the best of my knowledge. That no pertinent information or fact has been willfully pressed or withheld.

Full Name: _____

Position: _____

Signature: _____

Date: _____

OFFICE USE ONLY

Date Received: _____

Approved: Yes No

Details of Decision: _____

Notified: Yes No

Date: _____

ANICHALAL.ORG.AU

Address: Level 2, Building 3

20 Worth Street, Chullora, NSW 2190

Tel: (02) 8377 4175 | Fax: (02) 8208 7091

Email: info@anichalal.org.au

Address: P.O. BOX 5062 Chullora, NSW 2190

PRODUCT DETAILS

In case of applying Halal Certificate for an Abattoir/Slaughter houses or meat processing company. Please state the following information:

☐ Abattoir

☐ Boning Establishment

☐ Distribution Centre

Intended Market: ☐ Domestic Market

☐ International Market

What speices is slaughtered by your organisation?

☐ Beef

☐ Lamb/Goat

☐ Poultry

☐ Turkey

No. of Animals slaughtered per day:

Establishment No.

No. of Employees

PRODUCTS LIST

In case of applying for Halal Certificate for processed food/Restaurant or pharmaceutical /cosmetics products, please include the following information for each product requires Halal Certificate.

Products	Supplier of Ingredients	Halal Certificate (Number and Date)	Animal Based?
Product Name: Ingredient(s) Used:			
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Note; Additional page could be added for further relevant information