

KENYA BUREAU OF HALAL CERTIFICATION



Village Plaza, Block A, Suite A2, Ngara Road.
P.O. Box 39445-00623 Nairobi, Kenya

Email: info@kbhc.info

Tel: +254 20 3748770/1
Fax: +254 20 3748774

APPLICATION TO USE KBHC'S HALAL LICENCE / CERTIFICATE: DISTRIBUTOR

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: _____ Country: _____
9. Mobile Phone No. _____ 10. E-Mail: _____ 11. Pin No. _____
12. Full description of product (s) distributed by your business: *(attach separate sheets if appropriate)*

13. Please provide details of supplier/s and manufacturer/s including Tel; Fax; email; contact person details.
14. Where product composition specification sheets are available, these must be attached to this form.
15. Briefly state the reasons for your application: _____

16. Where can the product be purchased? *(please supply a full list):* _____



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 **KBHC**. (*Please Note: Preliminary inspection fees are non-refundable and not a guarantee of certification.*)

Name: _____

Position: _____

Signed: _____ Date: _____

For and on behalf of:

Kindly endorse with company rubber stamp:

Please return the completed application form together with your *non-refundable* application fee of Kshs. 1,160/= to:

**Kenya Bureau of Halal Certification,
P. O. Box 39445 -00623 Nairobi, Kenya.**

* **Strictly Confidential:**

KBHC, 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.