## KENYA BUREAU OF HALAL CERTIFICATION

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

## APPLICATION TO USE KBHC'S HALAL LICENCE / CERTIFICATE.

1.	Business Name In Full:									
2.	Business Status (Partnership/Ltd etc):									
3.	Registration No.:									
4. Trading Name (if different from above):										
5.	Postal Address:									
6.										
7.		8. Fax:	Country:							
9.	Mobile Phone No	10. E-Mail:	11. Pin No							
12.	Full description of product (s) manufactured by your business:									
	Please provide a complete list of ingredients per product, together with supplier / manufacturer details.  Please state origin of ingredient i.e. animal, vegetable, synthetic etc. (refer to page 3 – Please use additional sheets if required)									
14.	. Where can the product be pu	urchased? (Please supply a full li	sst):							
15.	Which countries do you export your products to?(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.

I / We understand that by virtue of this application I / We duly authorize **KBHC** 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 **KBHC**.

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. 1160/= to:

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

## \* Strictly Confidential:

KBHC, however 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.



No.	Name of product	Ingredients	Ingredient Origin : Animal/Plant/synthetic	Supplier	Contact Person	Email:	Tel:	Manufacturer (if different from Supplier)	
For Office Use Only:									
Dat	Date Received: Date Evaluated:								
Rei	Remarks: Signature:								