Tel: +254 20 3748770/1

Fax: +254 20 3748774

KENYA BUREAU OF HALAL CERTIFICATION

PALAL COMPRESA

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

Email: info@kbhc.info

APPLICATION TO USE KBHC'S HALAL LICENCE / CERTIFICATE: CATERING KITCHEN

Business Status (Partnershi	p/Ltd etc):	
Registration No.:		
Trading Name (if different	from above):	
Postal Address:		
Postal Code:		
Tel:	8. Fax:	Country:
Mobile Phone No	10. E-Mail:	11. Pin No
	facility or is it shared with other	
2. Is this a dedicated catering		food preparation areas?
. Is this a dedicated catering	facility or is it shared with other	food preparation areas?
2. Is this a dedicated catering	facility or is it shared with other	food preparation areas?

- 15. Are there any 'ready items' bought in e.g. bakery, confectionery etc. Please provide full list together with supplier details.
- 16. 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 both raw materials e.g. meat, meat-products, spices, seasonings, condiments, cooking aids, oils etc and ready products e.g. desserts, baked goods, finger foods, confectionery etc.

KBHC-FORM-APP-03	VERSION: 1.0	SEOUENCE: 1.0



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*.)

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. 1,160/= to: KBHC 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.

KBHC-FORM-APP-03	VERSION: 1.0	SEQUENCE: 1.0

Signature:



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:							

Remarks: