

Halal International Chamber of Commerce and Industries of the Philippines Inc. 701 Jafer Place, Eisenhower St., Greenhills San Juan City, Metro Manila. 1500 Philippines

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			www.maiaichamber.com.	μп	
Al	PPLICATION Revision No. 004		Form No.:	Date:	
☐ NEW	RENEWAL	ADDITIONAL PRODUCT	Client ID:		
Type of Certification	Scheme	Product Certification	Establishment Ce	rtification	Abbatoir
Applying for:		If Others, please specify:			
	'======	PL	EASE PRINT LEGIBLY ======		
		CON	IPANY INFORMATION		
Company Name					
Office Address					
Plant Address					
Sales Office Adress					
Owner/ President					
•	Email Address:		Contact No.:		
	ny: (Please check)	Company level:	Capitalization	on	Number of Employees
Single Proprieto	orship	Micro	1.5 Million Below	[
Cooperative		Small	1.5 Million Above to 15 million		
Partnership			60 Million Above		
Corporation		Large	.		
			TARGET MARKET		
LOCAL (Re	egion or area)		INTERNATIONAL	(Please Specify)	
		1	3	5	
		2	4	6	
		CON	ITACT INFORMATION		
Contact Person/ Au Person	uthorized				
Designation	7500	MODILE VILIABED(O)	TELEBUIONE NUMBER(O)	1	WEDGITE
E-MAIL ADD	RESS:	MOBILE NUMBER(S):	TELEPHONE NUMBER(S):		WEBSITE
		FC	OR NEW APPLICANTS		
	have existing Halal ce	• •			
- Have you applied for	r any Halal Certificatio	s any of the Product's raw mate on before?	erials/ suppliers being applied for If yes, what is the date of your pr		• , ,
Reason/s for applying:	:				
		FOR USE OF HICCIP ON	ILY. PLEASE DO NOT WRITE BELOW	THIS LINE	
Application Fo	rm and Fee	☐ Undertaking	Audit and Inspection		☐ CAR Compliance
Submission of		☐ Downpayment	☐ Issuance Corrective Action(s)	(if any)	Payment of balance
	nent of Documents	Scheduling of Audit	☐ Orientation/ Seminar	. •/	Release of HC
		3	Rema	arks:	
Date R	Received	Processing	Officer		

PRODUCT/ ESTABLISHMENT/ SERVICES INFORMATION SHEET

General Instruction:

- 1 FOR PRODUCT CERTIFICATION: List all products being applied for Halal and specify type of product (chemical, consumer goods, raw materials, etc.)
- 2 FOR ESTABLISHMENT CERTIFICATION: Write the type of establishment/s being applied for Halal. If more than (1) one, kindly specify the number (i.e number of
- 3 FOR SERVICES: Write the type of service/s being applied for Halal.
- 4 Do not leave any item blank. Write "N/A" if the information required is not applicable or "NONE" if non-existent.

1	8	
2	9	
3	10	
4	11	
5	12	
6	13	
7	14	
Establishment Certification (Please Che	NOTE: USE ADDITIONAL	
Establishment Certification (Please Che Tolling Company		Confectionary Company
Manufacturing Company		Confectionary Company Food Cart
Establishment Certification (Please Che Tolling Company Manufacturing Company Restaurant		Confectionary Company Food Cart Mobile Vendor
Establishment Certification (Please Che Tolling Company Manufacturing Company Restaurant Catering Kitchen		Confectionary Company Food Cart Mobile Vendor Seasonal Vendor
Establishment Certification (Please Che Tolling Company Manufacturing Company Restaurant		Confectionary Company Food Cart Mobile Vendor
Establishment Certification (Please Che Tolling Company Manufacturing Company Restaurant Catering Kitchen		Confectionary Company Food Cart Mobile Vendor Seasonal Vendor
Establishment Certification (Please Che Tolling Company Manufacturing Company Restaurant Catering Kitchen Hotel		Confectionary Company Food Cart Mobile Vendor Seasonal Vendor Special Event Food Vendor
Establishment Certification (Please Che Tolling Company Manufacturing Company Restaurant Catering Kitchen Hotel Resort	eck)	Confectionary Company Food Cart Mobile Vendor Seasonal Vendor Special Event Food Vendor Abbatoir

c. Services Certification

(Please specify type of service/s)

Rem	narks
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(To be filled up by HICCIP officer)

I attest that I/we voluntarily apply for the services of HICCIP, Inc. and that the information I provided in this application are true and correct; that the supporting documents attached (if any) are authentic; and that I am aware that making false statements in this application, furnishing falsified or forged documents in support thereof are punishable by law.

Owner/ Authorized Representative

ADDITIONAL SHEET			
roduct Certification (Please Indicate)			
	-		
	-		
narks:			
iding.			

CLIENT UNDERTAKING

l,	, on behalf of Company, _	 undertakes	to
the following:			

- 1. That I am the authorized officer of the company mentioned above to process the said services provided by HICCIP, Inc.
- 2. That Company is securing Halal certification from Halal International Chamber of Commerce and Industries of the Philippines, Inc. (HICCIP) for the product/s or establishment/s indicated in my application form.
- 3. That I am aware of the terms and conditions laid down by HICCIP Policy and Guidelines on Halal Certification and Philippine Standard on Halal, and that the Company is willing to be bound by the subject standards.
- 4. That I shall not and shall not attempt to, tamper with, modify, decompile or otherwise alter in any way whatsoever anything provided thereunder.
- 5. Thus, in adherence to the foregoing undertaking, my company SHALL:
 - a. Be in full operation all throughout the certification process.
 - b. Provide all necessary documents as may be required by the Halal standard.
 - c. Provide only true, honest, and up-to-date information all throughout the certification process.
 - d. Not engage nor participate in illegal activities and other activities that is prohibited in Shari'ah law in a way as to compromise the integrity of the Halal standard.
 - e. Establish and implement a Halal Assurance System.
 - f. Create a Halal Assurance Committee and designate a person who shall bear the responsibility as Halal Assurance Officer and contact person, and have the agreed competence, and, when required for the performance of his/her duty, have available any documentation on the relevant certification procedures provided by HICCIP.
 - g. Implement sanitary and hygiene protocols that is in compliant with the Halal standard.
 - h. Give authority to HICCIP, Inc. to the following to enable HICCIP to establish confidence that my management system(s) meet the requirements of this agreement and the specified standard.
 - i. Allow HICCIP Auditors to conduct on-site inspection on my concerned premises;
 - ii. Allow HICCIP Auditors full access to all work areas, personnel, records and documentation relevant to my management system(s);
 - iii. Allow HICCIP Auditors to take sample for analysis on-site or during audit to confirm the content of critical products;
 - iv. Allow HICCIP Auditors to take photos or video recordings as evidences.
 - i. Conduct seminars or trainings of my personnel regularly on the related standard.
 - j. Comply with the corrective actions given by the HICCIP within the prescribed period.
 - k. Comply with additional requirements, if required.
 - I. Refrain from intentionally delaying compliance with the requirements without valid reason.
- 6. To pay necessary fees indicated in the quotation to be provided by the HICCIP after evaluation of initial documents.

Breakdown of Initial fees to be paid before any conduct of inspection (for new applicants)

Application Fee	1,000.00 for Micro 2,000.00 for Medium and Largescale	(Paid upon submission of application form and documents)
Down payment	50% of total fees and charges	(Before conduct of any audit activity)

(Remaining 50% is payable after the conduct of audit and upon final assessment of Client's application) NOTE: Total fees and charges are subject to changes. Initial fees stated above are non-refundable.

For and on behalf of:		
Company Name		
Name of Authorized Officer		
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