



Application Form

Details Of the Concern

Date -

Name			
Regd. Address			
City		Zip Code	
State		Country	
Phone No.			

Details Regarding Manufacturing Unit

Unit Name			
Unit Address			
City		Zip Code	
State		Country	
Phone No.			
Category	Self Manufacture		Contract Manufacture

	Trader / Exporter		Others (Specify)	
Type of Industry	Food		Non Food	
	Pharmaceutical		Cosmeceutical	
	Nutraceutical		Others (Specify)	

Contact Person

Name		Designation	
Mob. No.		Landline NO.	
Mail Id			

Product Details

No. of Products to be certified			
Total No. Of Products produced in the unit			
Were the Products/ Unit previously Halal Certified	Yes		NO

Documents Check list

Kindly Attach the following documents to process the application.

- 1- Product List
- 2- Company Profile

PAN NO.		GST NO.	
FSSAI NO.		Others (specify)	

If You have any questions regarding the application, please call. 8445080078

Mail us mkt@hfci.co.in www.hfci.co.in