

**Questionnaire For HALAL Authentication  
(Consumables/Ingredients/Cosmetics/Pharmaceuticals/Restaurant)**

**Must be printed on Company Letter Head**

<b>Company Name</b>	:	
<b>Address(es)</b>	:	
<b>Website, Mail &amp; Contact Detail</b>	:	
<b>Ltd. / Pvt. Ltd. / Partnership / Proprietorship</b>	:	
<b>Authorized Signatory</b>	:	
<b>Representative for HALAL Certification: Name, Position &amp; Contact No.</b>	:	
<b>Product Description</b>	:	
<b>Plant certification or particular product certification (Please Specify)</b>	:	
<b>Description of FSMS/HACCP (If any)</b>	:	
<b>Any other location</b>	:	
<b>If yes, details:</b>	:	
<b>Contact person &amp; contact details</b>	:	
<b>Expected Inspection date for HALAL certification (If any)</b>	:	

\_\_\_\_\_  
**Authorized Signatory**

Date: \_\_\_ / \_\_\_ / \_\_\_\_.

\_\_\_\_\_  
**Company Seal/Stamp**

**Details of the Products requires HALALCertification.**

Please attach sheets for more products / ingredients.

<b>Sr. No.</b>	<b>Name</b>	<b>Ingredients</b>	<b>Brand Name</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			