



الهيئة العامة للحلال  
بمصلحة الشؤون الإسلامية للتنمية ماليزيا

**JABATAN KEMAJUAN ISLAM MALAYSIA (JAKIM)  
DEPARTMENT OF ISLAMIC DEVELOPMENT MALAYSIA**

Halal Hub Division, Level 6&7 Block D, Kompleks Islam Putrajaya (KIP)  
No.3 Jalan Tun Abdul Razak, Presint 3, 62100 Putrajaya Malaysia  
T: +603 8892 5000 F: +603 8892 5005  
W: [www.halal.gov.my](http://www.halal.gov.my) / [www.myihab.my](http://www.myihab.my)

**Application Checklist for Appointment of  
Foreign Halal Certification Body (FHCB)**

1. Application Form JAKIM.HH/900-6/51 (15)
2. Organization Profile & Chart
3. Organization Logo / Mark
4. Organization Registration / License
5. Copy of Recognition Letter / Endorsement Letter by Local Authority
6. Copy of Halal Certificate
7. Copy of Halal Logo / Mark
8. Copy of Authorized Signature & Name
9. Copy of Consignments Letter / Consignments Note
10. Copy of Auditors Qualification Certificate
11. Copy of Shariah Advisory Board Qualification Certificate
12. Copy of International Recognition / Accreditation Certificates / Letters
13. Copy of Certification & Monitoring Standard Operating Procedure (SOP) / Others Standard
14. Copy Report on Social Activities & Zakat Contributions
15. Official Application Letter (sent to JAKIM & CC to the respective Embassy office in Malaysia)



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**Application Form for Appointment of  
Foreign Halal Certification Body (FHCB)**

- Important Notes:**
1. Applicant shall understand the Procedure for Appointment of Foreign Halal Certification Body (FHCB)
  2. Applicant shall fill up all the information and attached with all documents required

**Application Type**  New  Renew

**Applicant Status**  Government Body  Private Body

**A. APPLICANT DETAILS**

- (1) Name of Organization .....
- (2) Chairman/Director .....
- (3) Registration No .....
- (4) Year of Establishment .....
- (5) Address .....  
.....  
(Country) ..... (State) ..... (Zip Code) .....  
(T) ..... (T) ..... (F) .....
- Official E-mail ..... Official Website .....
- (6) Contact Person (Name) .....  
(T) ..... (T) ..... (M) .....
- E-mail (I) ..... E-mail (II) .....
- (7) Officer In Charge for Certification (Name) .....





**D. AUDITORS**

(16) Shariah Expertise (Please enclosed copy of qualification certificates)

| No. | Name | Qualification | Nationality | Status<br>(Permanent /<br>Contract for<br>Services) |
|-----|------|---------------|-------------|---|
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |

(17) Technical Expertise; Food Scientist / Chemist etc. (Please enclosed copy of qualification certificates)

| No. | Name | Qualification | Nationality | Status<br>(Permanent /<br>Contract for<br>Services) |
|-----|------|---------------|-------------|---|
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |
|     |      |               |             |   |

**E. SHARIAH ADVISORY BOARD**

(18) Please enclosed copy of qualification certificates

| No. | Name | Field of Expertise / Qualification | Designation / Nationality | Status (Permanent / Contract for Services) |
|-----|------|------------------------------------|---------------------------|--|
|     |      |                                    |                           |  |
|     |      |                                    |                           |  |
|     |      |                                    |                           |  |
|     |      |                                    |                           |  |
|     |      |                                    |                           |  |
|     |      |                                    |                           |  |
|     |      |                                    |                           |  |
|     |      |                                    |                           |  |
|     |      |                                    |                           |  |

**F. PROCEDURES & STANDARD**

(19) Please enclosed copy of certification & monitoring Standard Operating Procedures (SOP) & others Standards used & applied by the organization

*e.g: Manual Procedure for Malaysia Halal Certification, MS1500:2009 etc.*

**G. INTERNATIONAL RECOGNITION / ACCREDITATION**

(20) Please enclosed copy of recognition / accreditation certificates / letters

| No. | Field of Recognition / Accreditation | Organization | Validity |
|-----|--------------------------------------|--------------|----------|
|     |                                      |              |          |
|     |                                      |              |          |
|     |                                      |              |          |
|     |                                      |              |          |
|     |                                      |              |          |

**H. SCOPE OF CERTIFICATION**

(21) Foods / Beverages / Raw Materials Product

Yes

No

(If **YES** please list down five (5) manufacturers / companies under supervision)

| No. | Company / Manufacturer Name | Address | Product Brand |
|-----|-----------------------------|---------|---------------|
|     |                             |         |               |
|     |                             |         |               |
|     |                             |         |               |
|     |                             |         |               |
|     |                             |         |               |

(22) Food Premises / Hotels / Restaurants

Yes

No

(If **YES** please list down five (5) companies under supervision)

| No. | Company Name | Address | Company Brand |
|-----|--------------|---------|---------------|
|     |              |         |               |
|     |              |         |               |
|     |              |         |               |
|     |              |         |               |
|     |              |         |               |

(23) Consumer Goods

Yes

No

(If **YES** please list down five (5) manufacturers / companies under supervision)

| No. | Company / Manufacturer Name | Address | Product Brand |
|-----|-----------------------------|---------|---------------|
|     |                             |         |               |
|     |                             |         |               |
|     |                             |         |               |
|     |                             |         |               |
|     |                             |         |               |



(24) Pharmaceuticals

Yes

No

(If **YES** please list down five (5) manufacturers / companies under supervision)

| No. | Company / Manufacturer Name | Address | Product Brand |
|-----|-----------------------------|---------|---------------|
|     |                             |         |               |
|     |                             |         |               |
|     |                             |         |               |
|     |                             |         |               |
|     |                             |         |               |

(25) Cosmetics & Personal Care

Yes

No

(If **YES** please list down five (5) manufacturers / companies under supervision)

| No. | Company / Manufacturer Name | Address | Product Brand |
|-----|-----------------------------|---------|---------------|
|     |                             |         |               |
|     |                             |         |               |
|     |                             |         |               |
|     |                             |         |               |
|     |                             |         |               |

(26) Medical Devices

Yes

No

(If **YES** please list down five (5) manufacturers / companies under supervision)

| No. | Company / Manufacturer Name | Address | Product Brand |
|-----|-----------------------------|---------|---------------|
|     |                             |         |               |
|     |                             |         |               |
|     |                             |         |               |
|     |                             |         |               |
|     |                             |         |               |



(27) Logistics Services

Yes

No

(If **YES** please list down five (5) companies under supervision)

| No. | Company Name | Address | Types of Services<br>(Warehousing /<br>Transportation /<br>Retailing) |
|-----|--------------|---------|---|
|     |              |         |   |
|     |              |         |   |
|     |              |         |   |
|     |              |         |   |
|     |              |         |   |

(28) Slaughterhouses / Abattoirs

Yes

No

(If **YES** please list down five (5) slaughterhouses / abattoirs under supervision which includes the following details and format)

| GENERAL                          |                            |             |   |
|----------------------------------|----------------------------|-------------|---|
| Company / Establishment Name     | Address                    |             |   |
| Registration / Establishment No. | Type of Animal Slaughtered |             |   |
| HALAL SUPERVISOR                 |                            |             |   |
| Name                             | Qualification              | Nationality | Status<br>(Permanent / Contract for Services) |
| 1.                               |                            |             |   |
| HALAL CHECKER                    |                            |             |   |
| Name                             | Qualification              | Nationality | Status<br>(Permanent / Contract for Services) |
| 1.                               |                            |             |   |
| HALAL SLAUGHTERMAN               |                            |             |   |
| Name                             | Qualification              | Nationality | Status<br>(Permanent / Contract for Services) |
| 1.                               |                            |             |   |





**H. DECLARATION**

I / We declare that all particulars stated herein together with the necessary documents attached are true.

.....

(Name: ) (Date)

(Designation: )

.....  
Official Stamping

**Endorsement from the Local Authority / Embassy Office**

I / We hereby certified that the above information is true.

.....

(Name: ) (Date)

(Designation: )

.....  
Official Stamping

**For Office Use**

Date of Application Received :

Application No :

Application Status :

**APPLICATION SENT TO:**

**Director**  
Halal Hub Division  
Department of Islamic Development Malaysia  
Level 6 & 7 Block D, Kompleks Islam Putrajaya (KIP)  
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