Halaal Accreditation Council Of Africa

P.O BOX 227 Wyoming Avenue Berario.
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Application Form

Did you apply for a Halaal status prior to this application?		**YES**	**NO**
If Yes please state: If No Ignore			
Business Name:			
Applicant Status: Pty Ltd, Trus or CC or Publicly Listed Co, etc			
Name of Owner/s:		**Name of CEO/ Manager:**	
Business Address:			
Postal Address:			
VAT Registration No.:			

Details of Contact Person	
Name & Surname of Contact Person:	
ID No.:	
Landline No:	
Cell No.:	
Alternate Contact No.	
Email:	

Kindly attach a certified copy of your valid I.D. Document, proof of business address and CK Documents.

When would you like to commence certification:	

Category of Business (Please tick ✓appropriate block):

Abattoir	**Meat Processor**	**Caterer**
Retailer	**Franchise Store**	**Take-Away**
Canteens	**Meat Wholesaler**	**Bakery**
Pharmacuticals		

Manufacturers:

Colours	Flavours	Food Ingredients
Snacks & Confectionery	Beverages	Health Supplements
Pharmaceuticals	Sauces	Aerosol Products
Dairy Products	Cooking Oils	Essential Oils
Spices & Spice Mixes	Other	

Kindly list Products Manufactured:

(Attach separate list if space is insufficient)

Self Check List		
Ensure that you submit the following **7 Mandatory** documents together with your application form.		
1. Proof of payment for the application (R350 ex vat)		
2. Company Profile		
3. Business Registration Certificate (CIPC/CK Documents)		
4. Certified Copy of owner's I.D		
5. Proof of Business Address (e.g Utility Bill)		
6. List of Products to be Certified/Menu		
7. Product and Ingredient List		

1. I understand that a preliminary audit does not imply approval. Formal approval will require the applicant to enter into a Memorandum of Agreement with HACA.

2. I accept a fee will be charged for travelling and audit costs as per AA rates.

3. I understand that by virtue of this application, I duly authorise the HACA, where necessary and in their sole discretion to approach other Muslim Bodies or any supplier or manufacturer used by the applicant to verify any product conformity with the Halaal Standards set by the HACA.

4. The HACA undertakes to treat all information supplied or obtained from the applicant in the strictest of confidence and will not divulge any such information to any other person or company.

NAME:		**POSITION**:	

SIGNED (for and behalf of):		**Date:**	

FOR OFFICIAL USE ONLY:			
Applications Received By:		**Date:**	
Forwarded To:		**Date:**	
Action:			

Banking Details	
Account Type:	**Business Account**
Account Number:	**63052069648**
Branch Code:	**210835**
Refrence:	**Your Company Name**