



THE ISLAMIC FOOD AND NUTRITION COUNCIL OF AMERICA
المجلس الإسلامي الأمريكي للغذاء و التغذية

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Phone (847)-993-0034

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Application To The IFANCA For Halal Supervision And Certification

Instructions: Please submit this application for each product with the required product information as outlined below.

Company Name: _____

Address: _____

Tel _____ Fax _____

Email Address _____ Website _____

Application Authorized By: _____

Signature

Print Name

Date

Title of Above Individual: _____

Please give an approximate size of the company (No. of employees) and the amount of products produced. _____

Note: Please fill below if different than above

Location of plant where Product is/will be manufactured: _____

Contact person at plant: _____

Name

Title

Tel. No.

Fax. No.

Email Address

Marketing Type: Food Service (single serve) Food Service (bulk) Retail Direct Marketing Industry Other _____

Nature of Product: _____

Brand Name: _____

Is the Brand Name Owned or Private Label – Other _____

Geographic areas where product is/will be marketed. Please list all the countries.

USA Canada Malaysia Indonesia Singapore Saudi Arabia UAE Egypt

Pakistan Worldwide Others _____

Please Provide:

1. List of Ingredients
2. List of Products
3. Product Labels
4. Process Flow Chart

Comments: _____

How did you hear about us? _____

NOTE: IFANCA agrees the information submitted will be dealt in strict confidentiality and will not be used for other than evaluating this product for certification.



IFANCA's registered trademark, the crescent M, appears on products which have been certified by IFANCA to be halal

WWW.IFANCA.ORG