

CONTRACT TERMINATION REQUEST FORM



HALAL MONITORING AUTHORITY (HMA) الرقابة الشرعية للحلال

HALAL FOODS DEPARTMENT OF JAMIYYATUL ULAMA CANADA, CANADIAN COUNCIL OF MUSLIM THEOLOGAINS (CCMT)

1825 Markham Road, Suite # 211, Scarborough, Ontario, M1B 4Z9 Canada
Telephone: 416 731-2247 Fax: 416 981-3247 HMACanada.org



1. Business Name In Full: _____
2. Name of Proprietor In Full: _____
3. Contact Person: _____
4. Trading Name (if different from above): _____
5. Postal Address: _____
_____ Post Code: _____
9. Tel: _____ 10. Fax: _____ 11. Cell: _____
12. Web Address: _____ 13. E-Mail: _____
14. Certified products: _____
15. Certified since: _____
16. Reason for Termination of Certification/ Approval: _____

I, the undersigned hereby would like to terminate the contract with HMA, effective:

(day) _____ (month) _____ (year) _____.

I no longer wish to be approved by the HMA. Please cancel my contract.

I will fulfil my outstanding obligations in relation to HMA standards and service fees as per contract.

Signature: _____ Date: _____

Print Name: _____ Position in Company / Outlet : _____

Witness Signature: _____ Print Name : _____

OFFICIAL USE ONLY:

Certification date: _____ Outstanding Obligations Cleared: _____

Termination cleared by: _____ Date: _____