

**APPLICATION TO USE
HMA'S HALAL
CERTIFICATION MARK:
OTHER PRODUCTS**



HALAL MONITORING AUTHORITY (HMA) الرقابة الشرعية للحلال

HALAL FOODS DEPARTMENT OF JAMI'YYATUL 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. ** Business Status (cc., Inc. Trust, Ltd., etc): _____
6. Registration No.: _____
7. Current Proprietor established since: _____
8. Postal Address: _____
_____ Post Code: _____
9. Physical Address: _____
_____ Post Code: _____
9. Tel: _____ 10. Fax: _____ 11.Cell: _____
12. Web Address: _____ 13. Email: _____

14. Days of inspection required – please indicate your days and time of operation:

MON	TUES	WEDS	THURS	FRI	SAT	SUN

15. Please provide a complete list of the products ingredients together with supplier / manufacturer details including additives, agents, carriers, E no's to be listed) etc.:

* Please include the above information on the additional sheet on page 3 of this document.

16. If product label with all ingredients available please affix to page 3

Initials: _____

HMA/CCMT

I / We** understand that by virtue of this application, I must return the completed application form together with a *non-refundable* application fee of \$200.00 (Two Hundred Canadian Dollars) to: HMA, by cheque or directly into HMA's account :

TD Canada Trust, East York Town Centre, 45 Overlea Boulevard Toronto, ON. M4H 1C3,
Account: 0633-5232498, Branch Code: 18282

Please fax deposit slip to: 416 981 3247 for confirmation and record purposes.

I / We** understand that this is only an application to use the HMA's Halal Certification Mark and the attached application fee of \$200.00 does not constitute an approval by the HMA.

I / We** accept liability of the reasonable travel and administration costs of a preliminary inspection by **HMA**.
I / We** understand that an initial audit inspection will only be undertaken by the HMA provided the 'Initial Audit Authorization Form' is completed and submitted to the HMA (see form below).

I / We** understand that after the initial audit, a security deposit of any amount not exceeding \$3,000.00 will be required to further process the application. The amount will be decided by the HMA board.

I / We** understand that by virtue of this application I / we** duly authorise **HMA** where necessary and in their sole discretion to approach other recognised Muslim Authorities or any supplier or manufacturer of any equipment or other peripherals used by the applicant to verify its conformity with the CRITERIA set by **HMA**.

**** Delete as appropriate.**

Name: _____

Position: _____

Signed: _____ Date: _____

For and on behalf of:

Kindly endorse with company rubber stamp:

*** Strictly Confidential:**

HMA, undertakes to treat all information supplied by or obtained from the application in respect of its processes, trade secrets, prices and operations in the strictest confidence and will not divulge such information for the benefit of any other person or company.

* Please complete the attached sheet, including raw products and ingredients used at the premises and also use additional place as continuation sheet or to include any additional information you feel may be appropriate.

Initials: _____

HMA/CCMT

HALAL MONITORING AUTHORITY (HMA OF CCMT)

Tel: 416 731-2247 Fax: 416 981-3247 Web: www.hmacanda.org

INITIAL AUDIT INSPECTION AUTHORIZATION FORM

HMA will only consider approving products and conducting an initial audit inspection of the applicant's facility/s, if the applicant is prepared to abide by the following HMA Standards:

Red Meat (beef, veal, sheep, goat, lamb) Facilities

- Hand slaughtered
- No Stunning
- Sunni Muslim Slaughter-men
- Equipment must be clean and sanitized prior to HMA halal production
- Allow HMA inspector to be present on site during entire halal slaughter & production.
- Allow HMA inspector to stamp and or label the certified meat products.
- Allow HMA inspector to be present during entire processing / de-boning / portioning.
- No contamination with non HMA certified products.
- Allow HMA supervisor to conduct periodic visits to ensure compliance of inspector/s and plant
- Supply HMA certified products to HMA certified facilities / outlets only.

Chicken / Poultry Facilities

- Hand slaughtered
- No Stunning or monitored low voltage water basin stunning
- Equipment must be clean and sanitized prior to HMA halal production
- Sunni Muslim Slaughter-men
- Allow HMA inspector to be present on site during entire halal slaughter & production.
- Allow HMA inspector to mark certified production in accordance to HMA guidelines.
- Allow HMA inspector to be present during entire processing / de-boning / portioning.
- No contamination with non HMA certified products.
- Allow HMA supervisor to conduct periodic visits to ensure compliance of inspector/s and plant
- Supply HMA certified products to HMA certified facilities / outlets only.

Non Meat Products Manufacturing / Processing Plant

- All ingredients must be pre-approved by HMA.
- Equipment must be clean and sanitized prior to HMA halal production
- Production equipment must not contain any non-halal material
- Packaging must be synthetic and not made with animal by-products
- Allow HMA inspector / supervisor unfettered access at facility for periodic supervision
- No contamination with non HMA certified products.

Retailer / Meat Store /Butcher/ Restaurant

- Retailer will only buy HMA certified products from HMA approved facilities/ suppliers.
- Retailer will display HMA certificate in a clear and visible area for the customers
- No contamination with non HMA certified products
- Allow HMA inspectors / supervisors unfettered access at facility for inspections on a daily basis

Company Name: _____

Name of Person Authorizing Audit Inspection: _____

Tel: _____ **Fax:** _____

The above stated company agrees to firstly complete an application, pay the HMA \$200.00 (application fee) and reasonable travel expense for the audit inspection, if outside the Greater Toronto Area.

Signature _____ **Date:** _____

PLEASE FAX BACK TO: 416 981-3247

HMA (Halal Monitoring Authority of CCMT)

	Ingredient/Raw Materiel	Product Code	Supplier	Contact Person	Tel:	Fax:	Manufacturer <small>(if different from the supplier)</small>
1							
2							
3							
4							
5							
6							
7							
8							
9							

Additional Notes:

For Office use only:

Date Received: _____ Date Evaluated: _____ Fees Received: Yes ___ No ___

Remarks: _____ Signature: _____

Initials: _____