

**ISLAMIC FOOD RESEARCH CENTRE
MALAYSIA & ASIA REGION**

E-SUN HOSPITALITY CONSULTANCY

Authorized Agent



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APPLICATION FOR HALAL SUPPLIER & WITH SEMBELIH HOUSE

DATE RECEIVED	
REMARKS	
REMARKS	

1. PARTICULARS OF APPLICANT

NAME & ADDRESS OF PREMISE	COMPANY'S REGISTRATION NO.	TYPE OF APPLICATION
	<input type="text"/> No. of Franchises <input type="text"/>	() New () Renewal

Tel. No.	<input type="text"/>	
Fax No.	<input type="text"/>	

NAME & ADDRESS OF APPLICANT	Tel. No.	
		<input type="text"/>
	Fax No.	<input type="text"/>

2 Muslim Workers		
Name	I/C No.	Position
1)		
2)		

CATEGORY OF PREMISE

- | | |
|--|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Food Court |
| <input type="checkbox"/> Commercial Kitchen | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Bakery Shop & Pastry | <input type="checkbox"/> Meat retailer |
| <input type="checkbox"/> Meat Retailer With Sembelih House | |

REMARKS:

NO.	LIST OF INGREDIENTS	NAME OF SUPPLIER & CONTACT NO.	NOTES
1	Poultry / Chicken	Not Applicable	
2	Duck	Not Applicable	
3	Lamb / Goat	Not Applicable	
4	Beef	Not Applicable	
5	Turkey	Not Applicable	
6	Cheese	Not Applicable	
7	Filling / Paste	Not Applicable	
8	Sauce / Oyster Sauce	Not Applicable	

DECLARATION OF APPLICANT

I declare that all particulars stated here in together with the necessary documents attached are true to the best of my knowledge.

.....
Signature of Owner / Manager

.....
Name

..... Date of Application Company's Official Stamp
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DESCRIPTION OF MENU		
List of Menu	List of Ingredients	Name of Supplier
Not Applicable	Not Applicable	Not Applicable



