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Halal Monitoring Board
APPLICATION FORM
لجنة التحقيق للحلال

Slaughter House

Takeaway | Restaurant

Supplier

Shop | Other

Business Name: _____

Proprietor's Name: _____

Contact No: _____

Postal Address: _____

_____ Postcode _____

Web/email: _____

Days of trading-please tick days and state opening & closing times below

<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THU	<input type="checkbox"/> FRI	<input type="checkbox"/> SAT	<input type="checkbox"/> SUN
Open_____	Open_____	Open_____	Open_____	Open_____	Open_____	Open_____
Close_____	Close_____	Close_____	Close_____	Close_____	Close_____	Close_____

PRODUCT DETAILS

Product Code	supplier	Tel	Fax	Manufacturer (if different from the supplier)

Name: _____ Signature _____ Date: _____

I/we accept to pay the travelling and administration expenses to HMB to cover the initial inspection.
I/We understand and authorise HMB to investigate and monitor our business to check the authenticity of the supply or sale of halal products.

ON THE AUTHORITY OF THE ISLAMIC SHARI'AH COUNCIL

