



Islamic Foundation
Ministry of Religious Affairs
Department of Halal Certification
Plot:E-4/A, Block : Civic Sector, Section : Agargaon, sher-E-Bangla Nagar, Dhaka-1207
Phone :02-222218298, 02-222218299

KYC FORM

Bismillahir Rahmanir Rahim

Client ID :

A.Details of the Company		
1.	Name of Company :	
2.	Address :	
	Head office	
	Manufacturing unit/Factory location	
3.	Contact Person :	
4.	Contact number :	
5.	E-mail address :	
6.	If premise is on lease, please provide a copy of leasing agreement :	
7.	Company/Plant Registration No :	
8.	Year constructed :	
9.	Total land area :	
10.	Types of Products Manufactured (Please attach product profile)	
11.	List of products intended for export :	
12.	Please indicate list of products and name of the exported product and the country to which it is exported :	

13.	Annual business turn over :	
14.	Source of Raw material (Please attach list of Raw materials and Suppliers of these Raw materials. If imported please submit Sanitary/Health/Origin Certificates issued by the exporting Country's Competent authority and if the imported product is of Halal Status, please attach Halal Certificates from the approved authority. If raw material from local source attached accreditation certificate from competent authority for the farm free from diseases, practising Good Husbandry Practice, Antibiotic and Chemical residue monitoring program, SPS protocol practiced.) :	

15. List the raw materials/ingredients in each product (Please list all raw ingredients below or attach a list if the space is insufficient) .

Product Name :

Raw materials/ingredients	Composition in product (%)	Animal, plant, microbial, synthetic or chemical origin	Species of origin (e.g.bovine, caprine, avian, cervidae, fish)	country of origin

16. Manufacturing process of the product

(a) Processing flow chart

(Please provide a flow chart with the details on processing of raw material into finished product for each product)

(b) Details on heat treatment/pressure treatment

(If the product has undergone heat/pressure treatment, please provide the details as below)

Temperature ⁰ Celcius)		Duration (minutes or hours)	
Pressure (bar or kilopascals)		Duration (Seconds or minutes)	

c) Details on other treatment

If there are any other treatments done during the processing of the product, please state the type of the treatment, the relevant parameters and the duration of the treatment.

e.g. of treatment; filtration, acid or alkali treatment, irradiation etc.

e.g. of relevant parameters; pH level, radiation dose and the time the product is maintained at these levels.

(Please attach a list with the same format if the space provided is insufficient)

Type of treatment	Parameters	Duration (minutes or hours)

d) Packaging

In what type of packaging the product is packaged?

(i.e. packed in sterile bags, cans or retail bags)

Briefly describe the details below:

.....

.....

.....

e) Storage and segregation of animal protein

If animal proteins are stored or used on site, how are they segregated from other materials?

(Briefly describe the details below. Additional attachment can be attached if there are standard procedury/diagrams/photos)

.....

.....

.....

f) Transportation of raw materials

How the raw materials are transported to the manufacturing premise?

(Briefly describe the details below.)

.....

.....

.....

g. Transportation of finished/packaged products

How the finished/packaged product transported from the manufacturing premise to the place of export or sales outlet.

(Briefly describe the details below.)

.....

.....

.....

h) Storage facility

No	Particulars	Numbers	Capacity	Total capacity
1.	Chillers			
2.	Plate freezers			
3.	Blast freezers			
4.	Cold room			
5.	Other storeroom			

i) Prevention from contamination

Is a system in place to protect the product, during and post-production, from contamination ?

(Briefly describe the details below.)

.....

.....

.....

j) Please mention the previous testing records of the Halal products, against standard, if any please attach the document

.....

.....

.....

k) Please mention the calibration status of the equipment including critical instrument pressure, temperature, volume and weight measuring device of the company used in production and quality control.

.....

.....

.....

17. Quality assurances and accreditation

a) Quality assurances

List of quality assurance programmes which the manufacturing premise operates (e.g. GMP, HACCP, ISO)

(Please attach the copy of the certificates)

No	List of quality assurance programmes
1.	
2.	
3.	
4.	
5.	

b) Halal Assurance System (HAS)

i) Whether based on Halal Standard : Yes/No.....

If yes, please mention the name of halal standard.

ii) Having dedicated Halal assurance team

iii) Internal Halal training and awareness program

iv) Internal Halal audit

c) Food Safety programs

i) Whether based on HACCP Concepts or equivalent ISO 22000:

(Yes/No)-----

If yes, to attach HACCP plan or Food Safety plan, name of the authority that certified it.

ii) State whether testing done in house or provided by a service (third party) laboratory :

.....

iii) If in house lab facility, (please attach the lab facilities with test name)

.....

iv) Sampling and testing procedures :

.....

.....

.....

v) Criteria for rejection :

.....

.....

.....

d) Accreditation

List of accreditation which the manufacturing premise has been awarded at national or international level.

(Please attach a list with the same format if the space provided is insufficient and attach the copy of the certificates)

No	List of accreditation
1.	
2.	
3.	

18. Approval by competent Livestock Authority (if Applicable)

Is the manufacturing premise has been inspected and approved by the relevant competent authority (If yes, please attach a copy of such approval)

.....

.....

.....

19. Manpower

a. Number of employees

management , processing

b. Workers medical Examination

Are employees medically examined and certified fit to work in the establishment prior to employment?

Yes No

c. Are annual health examination carried out for workers

Yes No

d. Worker Amenities

No	Amenities	Yes	No
1.	Uniforms/attire for workers		
2.	Prayer facilities		
3.	First aid		
4.	Canteen		
5.	Laundry facilities		

20. Please mention details of waste water/effluents management (ETP) of your organization

.....

.....

.....

.....

Manufacturers declaration :

I declare that the information given above are true and correct to the best of my knowledge.

Name			
Company Name			
Date			
Signature :		Company Stamp	