

# SOUTH AFRICAN NATIONAL HALAAL AUTHORITY

**HEAD OFFICE:**

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## APPLICATION TO USE SANHA'S HALAAL LICENCE / CERTIFICATE: BEEF / SHEEP ABATTOIR

1. Business Name In Full: \_\_\_\_\_
2. Trading Name (if different from above): \_\_\_\_\_
3. Abattoir No.: \_\_\_\_\_ Abattoir Code: \_\_\_\_\_
4. Abattoir Grade: \_\_\_\_\_
5. \*\* Business Status (cc., Trust, (Pty) Ltd., etc): \_\_\_\_\_
6. Registration No.: \_\_\_\_\_
7. Postal Address: \_\_\_\_\_  
\_\_\_\_\_
8. Physical Address: \_\_\_\_\_  
\_\_\_\_\_
9. Tel: \_\_\_\_\_ 10. Fax: \_\_\_\_\_ Code: \_\_\_\_\_
11. Cellular Phone Nos.: \_\_\_\_\_ 12. E-Mail: \_\_\_\_\_
13. Species Slaughtered: \_\_\_\_\_  
\_\_\_\_\_
14. Quantity/ies slaughtered per day: \_\_\_\_\_
15. Boning facility on site: (if applicable) state yes / no: \_\_\_\_\_
16. Details of value added products (if applicable) yes / no: \_\_\_\_\_  

(If yes, please provide a complete list of products and ingredients per product, together with supplier / manufacturer details). Refer to page 3 – please use additional sheets if required.
17. When do you intend to commence the Halaal facility? \_\_\_\_\_

I / We\*\* understand that by virtue of this application, I / we\*\* accept liability of the reasonable travel and administration costs of a preliminary inspection by **SANHA**.

I / We\*\* understand that by virtue of this application I / we\*\* duly authorise **SANHA** 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 Halaal standards set by **SANHA**.

**\*\* Delete as appropriate.**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For and on behalf of:

Kindly endorse with company rubber stamp:

1. **Please return the completed application form together with the required full disclosures by facsimile or post to any of the SANHA Offices.**
2. **It is essential that a covering letter on the official company letterhead be also submitted outlining the following:**
  - a. **Date of Establishment;**
  - b. **Brief History;**
  - c. **Period of current ownership;**
  - d. **Scope of business operation;**
  - e. **Export status;**
  - f. **Any other relevant info.**

**Application forms will only be accepted when fully completed and duly signed by the Proprietor / Director or authorized representative. Failure to adhere to the above guidelines may delay the processing of your application.**

**\* Strictly Confidential:**

**SANHA** reserves the right where necessary and in **SANHA's** sole discretion to approach other recognised Muslim Authorities and or any supplier or manufacturer of any equipment or other peripherals used by the applicant to verify its conformity with the Halaal standards set by **SANHA**.

**SANHA**, however, 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.

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|    | <b>Ingredient/ Raw Material</b> | <b>Product Code</b> | <b>Supplier</b> | <b>Contact Person</b> | <b>Tel:</b> | <b>Fax:</b> | <b>Manufacturer (if different from the supplier)</b> |
|----|---------------------------------|---------------------|-----------------|-----------------------|-------------|-------------|--|
| 1  |                                 |                     |                 |                       |             |             |  |
| 2  |                                 |                     |                 |                       |             |             |  |
| 3  |                                 |                     |                 |                       |             |             |  |
| 4  |                                 |                     |                 |                       |             |             |  |
| 5  |                                 |                     |                 |                       |             |             |  |
| 6  |                                 |                     |                 |                       |             |             |  |
| 7  |                                 |                     |                 |                       |             |             |  |
| 8  |                                 |                     |                 |                       |             |             |  |
| 9  |                                 |                     |                 |                       |             |             |  |
| 10 |                                 |                     |                 |                       |             |             |  |
| 11 |                                 |                     |                 |                       |             |             |  |
| 12 |                                 |                     |                 |                       |             |             |  |
| 13 |                                 |                     |                 |                       |             |             |  |
| 14 |                                 |                     |                 |                       |             |             |  |
| 15 |                                 |                     |                 |                       |             |             |  |
| 16 |                                 |                     |                 |                       |             |             |  |
| 17 |                                 |                     |                 |                       |             |             |  |
| 18 |                                 |                     |                 |                       |             |             |  |
| 19 |                                 |                     |                 |                       |             |             |  |
| 20 |                                 |                     |                 |                       |             |             |  |

**For Office Use ONLY:**  
 Date Received: \_\_\_\_\_ Date Evaluated: \_\_\_\_\_  
 Remarks: \_\_\_\_\_ Signature: \_\_\_\_\_

