



ISLAMIC FOOD RESEARCH CENTRE (HONG KONG) CO., LTD.
(REG. NO.: 2207432)

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• Research • Advisory • Training • Consultancy on Halal and Suci Certification •

SUCI RENEWAL APPLICATION FORM

Company Name : _____
Certificate No. : _____
(Please attach expired certificate)

Please tick (√) at appropriate box

1. Change of applicant/company information (name/address, etc) <i>If yes, please state:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Change of premise/plant address <i>If yes, please state:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Change/additional ingredients <i>If yes, please fill in SECTION A, please mark the appropriate box</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Additional products <i>If yes, please fill in SECTION A, please mark the appropriate box</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Change of suppliers <i>If yes, please fill in SECTION B</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Drop/ remove of product from application <i>If yes, please state:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Change of packaging <i>If yes, please attach new packaging picture/ artwork</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Change/ additional of Muslim workers <i>If yes, please state and attach the copy of I/D @ Passport:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Date of amendment for new certificate <i>If yes, please state:</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Certificate Validity : <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <i>Note: Renewal for 3 years is not applicable for animal based products</i>		
11. Countries to be marketed : <input type="checkbox"/> Indonesia <input type="checkbox"/> Arab Countries <input type="checkbox"/> Singapore Others : _____ <input type="checkbox"/> Brunei		

DECLARATION

I certify that the information above is true:

Company Manager/ Director

Name : _____
Signature : _____
Date : _____

Company Stamp/ Seal

SECTION A

Please tick (✓) at appropriate box and complete this section.

Change/additional ingredients

Additional products

i) Please list down all raw materials including additives and processing aids for SUCI certified products. Make sure the exact name of the ingredient is listed. Please make more copies of this page if necessary.

No.	Products' Name	Ingredient
1		
2		
3		
4		
5		
6		
7		
8		
9		

ii) Please provide more information on the changed/ additional ingredients listed above.

No.	Ingredient	Manufacturer Name	Supplier Name	Halal Certificate (Please attach)
1				
2				
3				
4				
5				
6				
7				
8				
9				

SECTION B

iii) Please provide more information on the ingredients which has been changed or added supplier.

No.	Ingredient	Manufacturer Name	Supplier Name	Halal Certificate (Please attach)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				

FOR OFFICE USE ONLY

Recommendation (fill by Ingredient Analyst)

(A) Need Inspection : Yes No

(B) Need Re-inspection : Yes No