

## **Application for Halal Certification for Retailers and Wholesalers**

	PRINT clearly.		all relevant fiel	ds in this for	m. Use blue or bla	ick pen and
Type of Business	:	Butcher	Wholesaler			
Business Inforn	nation					
Business Name:						
Legal Business N	ame if Different:					
Business Street A	Address:					
City:		Province: Postal Code:				
Phone:		Email:				
Owner Informa	tion					
First Name:		Middle	Middle Name: Last Name:			
Street Address:						
City:		Provinc	Province:		Postal Code:	
Hours of Opera	tions					
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Do You Want to I	Participate in the E	3CMA Membersh	ip Rewards Progr	am? Y	es No	
Product Inform	ation					
	ation uct Name		Supplied By:		Supplied	l To:
			Supplied By:		Supplied	l To:
			Supplied By:		Supplied	l To:
			Supplied By:		Supplied	l To:
			Supplied By:		Supplied	l To:
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			Supplied By:		Supplied	l To:

Please Turn Over

Δ¢	dditional 🔝 (Use this sec	tion to provide any addit	tional information that you want BCMA to consider			
		ur application)	ional information that you want being to consider			
-						
	erms and Conditions					
_	ead the terms and conditions:  You understand that this only a	n application for Halal Cert	ification and it does not guarantee a Halal Certification			
			nspection & Certification Canada (BCMA - HIC Canada).			
2.	authorities and/or any supplier	You authorize the BCMA - HIC Canada, where necessary at their sole discretion, to approach other recognized authorities and/or any supplier and/or manufacturer of any equipment and/or peripherals used by you to verify its conformity with the attached Certification Regulations set by BCMA - HIC Canada.				
3.	Once the application is approved, you understand and authorize BCMA - HIC Canada to do random ADHOC inspections on your premises throughout the term of the certificate.					
4.	You have read and understood outlined are binding once the appropriate the second seco		egulations and agree to abide by it. The regulations			
	You agree to release BCMA - HIC Canada and its respective affiliates, officials, agents, employees, and permitted successors from any lawsuits.					
6.	You agree to pay the monthly fees for the duration of the contract and agree to BCMA - HIC Canada promoting your business on their online portals.					
7.	given to any other business without explicit written consent of BCMA - HIC Canada. The certificate must be returned to BCMA - HIC Canada at the termination your contract or when it expires, whichever comes first.					
8.	<ul> <li>Only applicable for businesses participating in the BCMA Membership Rewards Program:</li> <li>a. You agree to give a 10 per cent discount to current members of BCMA for the purchases they make at your business.</li> </ul>					
		3CMA Membership Rewards	Program sign at your business location(s)			
Re	equired Documents					
Co	<ul> <li>ppies of the following documents r</li> <li>Current business licence, ar</li> <li>Certificate of incorporation.</li> </ul>		application:			
De		formation I have provided the same force effect as if	in this application is truthful, complete and correct and made under oath.			
Αŗ	pplicants Signature:		Date:			
ΑI	II information provided in this	form is protected under	the Freedom of Information and Privacy Act.			
Yo	<ul> <li>can submit this application</li> <li>Mail: 12300 Blundell Rd I</li> <li>Email: info@halalbc.ca</li> </ul>		, or			
Fo	or Official Use Only – BCMA-HIG	C				
Α	Applicant Received By:	Date:				
Ir	nspection Completed:		,			

Approved:

Denied:

Date Picked Up:

Inspection Results:

Reviewed By:

Certificate No.:

Interview Required: