



MAJLIS UGAMA ISLAM
ISLAMIC RELIGIOUS COUNCIL
NEGARA BRUNEI DARUSSALAM

PERINTAH SIJIL HALAL DAN LABEL HALAL, 2005
HALAL CERTIFICATE AND HALAL LABEL ORDER, 2005

PERMOHONAN SIJIL HALAL / PERMIT HALAL
APPLICATION FOR HALAL CERTIFICATE / HALAL PERMIT

Seksyen A
Section A

1. Jenis Permohonan / Type of Application

Sila tanda yang berkenaan. Pemohon boleh memohon kedua-duanya jika bersesuaian.
Please tick where appropriate. Applicants may apply for both if relevant.

<input type="checkbox"/> Sijil Halal <i>Halal Certificate</i>	<input type="checkbox"/> Permit Halal <i>Halal Permit</i>
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2. Jenis Perniagaan / Type of Business

Sila tanda yang berkenaan sahaja. *Please tick where appropriate.*

i. Penyediaan Makanan / Food Preparation

<input type="checkbox"/> Restoran / Kafe <i>Restaurant / Cafe</i>	<input type="checkbox"/> Medan Selera <i>Foodcourt</i>
<input type="checkbox"/> Dapur Katering <i>Catering Kitchen</i>	<input type="checkbox"/> Dapur Pusat <i>Central Kitchen</i>
<input type="checkbox"/> Dapur Rumah <i>Home Kitchen</i>	<input type="checkbox"/> Dapur Pusat Rumah <i>Home Central Kitchen</i>
<input type="checkbox"/> Kiosk Makanan <i>Food Kiosk</i>	<input type="checkbox"/> Premis Bergerak <i>Mobile premise</i>
<input type="checkbox"/> Gerai Tetap <i>Permanent Stall</i>	<input type="checkbox"/> Gerai Jangka Pendek <i>Short-term Stalls</i>
<input type="checkbox"/> Kantin <i>Canteen</i>	<input type="checkbox"/> Lain-lain: <i>Others _ : _____</i>

ii. Produk / Products

<input type="checkbox"/> Produk Makanan <i>Food Products</i>	<input type="checkbox"/> Ubat Tradisional <i>Traditional Medicine</i>
<input type="checkbox"/> Produk Perubatan (oral) <i>Pharmaceutical Products (oral)</i>	<input type="checkbox"/> Produk Perubatan (bukan oral) <i>Pharmaceutical Products (non-oral)</i>
<input type="checkbox"/> Tambahan Kesihatan <i>Health Supplements</i>	<input type="checkbox"/> Kosmetik <i>Cosmetics</i>
<input type="checkbox"/> Barang Gunaan <i>Consumer Goods</i>	<input type="checkbox"/> Lain-lain: <i>Others _ : _____</i>

iii. Perkhidmatan / Services

<input type="checkbox"/> Logistik / <i>Logistics:</i> Penggudangan / <i>Warehousing</i>	<input type="checkbox"/> Logistik / <i>Logistics:</i> Pengangkutan / <i>Transportation</i>
<input type="checkbox"/> Logistik / <i>Logistics:</i> Peruncitan / <i>Retailing</i>	<input type="checkbox"/> Lain-lain: <i>Others _ : _____</i>

Seksyen B
Section B

1. Butir-butir tempat perniagaan / Particulars of the place of business

Nama Syarikat / Perusahaan (seperti di dalam Sijil Pendaftaran Perniagaan Penggal 16/17 atau dokumen sebandingnya) <i>Name of Company / Enterprise (as stated on Business Registration Certificate Section 16/17 or similar document)</i>	
Nama Perniagaan (jika berlainan daripada Nama Syarikat / Perusahaan) <i>Name of Business (if it differs from Name of Company / Enterprise)</i>	
Alamat Tempat Perniagaan (seperti di dalam Sijil Pendaftaran Perniagaan Penggal 16/17 atau dokumen sebandingnya) <i>Address of Place of Business (as stated on Business Registration Certificate Section 16/17 or similar document)</i>	
Bilangan Sijil Pendaftaran Perniagaan <i>Business Registration Certificate No.</i>	Tanda Perniagaan (jika ada) <i>Business Trademark (if any)</i>
Jumlah Pekerja (seperti di dalam Resit Penyata Maklumat Banci Tahunan Majikan/Pekerja, Jabatan Buruh) <i>No. Of Employee (as stated on Annual Census of Employers /Employee Information Receipt, Department of Labour)</i>	Kategori Bangunan Perniagaan <i>Business Building Category</i>

2. Butir-Butir pemilik / Particulars of the owner

Nama penuh, termasuk nama lain (seperti dalam kad pintar / pasport) <i>Full name, including aliases (as shown in smart card / passport)</i>		
No. Kad Pintar / Pasport <i>Smart Card / Passport No.</i>		Warna <i>Colour</i>
Warganegara <i>Nationality</i>		Jantina <i>Gender</i>
Uagama <i>Religion</i>	Bangsa <i>Race</i>	Puak <i>Ethnicity</i>
Alamat Kediaman <i>Home Address</i>		
No. Telefon Bimbit <i>Mobile Telephone No.</i>		Alamat Emel <i>Email Address</i>
No. Telefon Rumah <i>Home Telephone No.</i>		No. Telefon Pejabat <i>Office Telephone No.</i>

Seksyen C
Section C

1. Butir-butir Calon Penyelia Halal (sekurang-kurangnya 2 orang bagi setiap tempat perniagaan)

Particulars of Halal Supervisor candidates (minimum of 2 persons for each place of business)

1.1. Penyelia Halal No. 1 / Halal Supervisor No. 1		
Nama penuh, termasuk nama lain (seperti dalam kad pintar / pasport) <i>Full name, including aliases (as shown in smart card / passport)</i>		
No. Kad Pintar / Pasport <i>Smart Card / Passport No.</i>		Warna <i>Colour</i>
Warganegara <i>Nationality</i>		Jantina <i>Gender</i>
Ugama <i>Religion</i>	Bangsa <i>Race</i>	Puak <i>Ethnicity</i>
Alamat Kediaman <i>Home Address</i>		No. Telefon Bimbit <i>Mobile Telephone No.</i>
		No. Telefon Rumah <i>Home Telephone No.</i>

1.2. Penyelia Halal No. 2 / Halal Supervisor No. 2		
Nama penuh, termasuk nama lain (seperti dalam kad pintar / pasport) <i>Full name, including aliases (as shown in smart card / passport)</i>		
No. Kad Pintar / Pasport <i>Smart Card / Passport No.</i>		Warna <i>Colour</i>
Warganegara <i>Nationality</i>		Jantina <i>Gender</i>
Ugama <i>Religion</i>	Bangsa <i>Race</i>	Puak <i>Ethnicity</i>
Alamat Kediaman <i>Home Address</i>		No. Telefon Bimbit <i>Mobile Telephone No.</i>
		No. Telefon Rumah <i>Home Telephone No.</i>

Jika lebih daripada 2 orang Penyelia Halal, sila pohonkan dengan mengisi borang tambahan (H1).
If there are more than 2 Halal Supervisors, kindly request and fill in the supplementary form (H1).

Seksyen D
Section D

Pengisytiharan
Declaration

Saya / Kami mengaku bahawa segala keterangan dan maklumat yang dinyatakan di dalam borang yang dihadapkan adalah benar.

I / We hereby declare that all particulars and information stated in this form are true.

Nama dan tandatangan Pemilik / Pemilik-Pemilik
Name and Signatures of Owner / Owners

	Nama <i>Name</i>	Tandatangan <i>Signature</i>
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Tarikh:

Date: (Hijrah)

Bersamaan:

Corresponding to: (Masihi)

UNTUK KEGUNAAN PEJABAT SAHAJA

For office use only

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Meterai / Seal

Bil. Fail:

File No.:

Tarikh:

Date: (Hijrah)

Bersamaan:

Corresponding to: (Masihi)

Ketua Bahagian Kawalan Makanan Halal

Head of Halal Food Control Division