

HALAL DEVELOPMENT INTITUTE OF THE PHILIPINES
Central Building, 3rd Flr. 37 P.A. Bernardo Cor. Malabito St. Cubao, Quezon City

I. NAME OF COMPANY: _____

Address: _____

Telephone and e-mail: _____
Permit License No. from DTI or SEC: _____
Date Issued: _____ Valid until:

II. ITEMS TO BE APPLIED:
(Specify the product whether Food or Non-Food)
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
(Attached separate Sheet if necessary)

III. IS THE PRODUCT LOCALLY MANUFACTURED? Yes _____ No _____
If no, state country origin:

If yes, state how many plant(s) and addresses:

I hereby certify that the above answers are true and correct.

Signature over Printed Name
Position