



ISLAMIC CHAMBER OF COMMERCE AND INDUSTRY

OUTLET REGISTRATION FORM

1. Type of Outlet: - Restaurant: Bakery: Poultry:

1. Name of Outlet:

2. Name of the representative of the Outlet:

3. Contact details: -

Tel (Off.)	Address	Fax	Email

4. Certification Body:

5. Certification Validity:

6. Please provide if any, remarks on any items which are certified and/or which are not certified

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7. I,, hereby agree to have the above-mentioned Outlet listed on the 'HalaalMoris' mobile application, halaalmoris.mu website and HalaalMoris facebook page with the details provided.

8. I undertake to inform the Islamic Chambers of Commerce and Industry (Mauritius) in writing to the following address 112, Brown Sequard Avenue, Vacoas / via email on the following email address halaalproject@mauritiusicci.org of any change in any of the above information provided.

9. I also attach a copy of the halaal certificates with this Outlet Registration Form

10. I hereby confirm that all the information which I have provided in this Outlet Registration Form are true, complete and accurate in all respects.

Signature:

Name:

Position:

Company Name:

Date: