

ISLAMIC CHAMBER OF COMMERCE AND INDUSTRY

APPLICATION FOR LIST OF PRODUCTS TO BE MADE AVAILABLE ON THE MOBILE APP – HALAALMORIS

	Ref No:			Date:		
1.	Name of the Applicar	ıt:				
2.	Status: - Individual 🗆	Company	🗆 Par	tnership 🗆		
	2.1 Name of Company/Partnership (if applicable)					
	2.2 Address of the Applicant:					
	2.3 Trading Name (if any):					
	2.4 Business Registration Number: Date of Incorporation:					
	Tel (Off)	Tel (Res)	Fax	Email		

- 3. I hereby agree to provide the particulars requested in Annex 1
- 4. I hereby agree to inform the Islamic Chambers of Commerce and Industry (Mauritius) in writing as soon as practicable by sending a letter to 112 Brown Sequard Avenue and also by sending an email on halaalproject@mauritiusicci.org of any change in the particulars provided and also in any change of my address, telephone number and email address.

Signature:
Name:
Address:
Email address:
Telephone number: