



# Rahmat-e-Alam Foundation

A Non-Profit Organization, State of Illinois Registered, IRS 501 (C) (3)

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www.rahmatealam.org

## Shar'i Zabiha Certification Renewal Form

**Renewal For (Circle All That Apply):**

**Processor     Distributor     Retailer     Restaurant**

Name of Business: \_\_\_\_\_

Name of Current Owner(s)/Shareholder(s):  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Supplier's Name(s) and Phone Number(s):

1: \_\_\_\_\_ 4: \_\_\_\_\_

2: \_\_\_\_\_ 5: \_\_\_\_\_

3: \_\_\_\_\_ 6: \_\_\_\_\_

Additional Comments or Changes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing below I, the owner, do hereby state that there have been no changes to my business besides the changes listed above, and have not in any way breached the previous contract with Islamic Social Services for Halal Zabiha Certification. I hereby also continue to comply with the terms and conditions of the previous contract I have agreed and signed. Hence, I am requesting for a renewal of Halal Zabiha Certificate from Islamic Social Services, a division of Rahmat-e-Alam Foundation.**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only:     **Approved**     /     **Denied**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_