

## SECTION C : DISTRIBUTOR

Is this plant currently Zabīha Certified by any organization?  Yes  No if yes, then state the name and address of the organization.

PLEASE TYPE FULL NAME OF THE CERTIFYING ENTITY

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

STREET ADDRESS / P.O.BOX / APT #

CITY

STATE

ZIP CODE

**Business Hours:** Please state business working days and hours in the chart below. Enter hours of all the shifts this plant runs in a week

DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS							

**Plant Capacity:**

Maximum quantity of meat (in pounds) this plant can distribute in a day: \_\_\_\_\_

Total quantity of meat (in pounds) this plant distribute per day: \_\_\_\_\_

**Distributor Supply Line (Product Procured Detail): (For additional list , please ask for additional chart)**

S/N	SUPPLIER <small>(State all the Slaughter House, Distributor, Processors)</small>	PLANT ID	CONTACT NAME & PHONE NO.	MEAT TYPE	QUANTITY RECEIVED/DAY
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**Strictly Confidential:**

**Islamic Social Services**, undertakes to treat all information supplied by or obtained from the application in respect of its processes, trade secrets, and operations in the strictest confidence and will not divulge such information for the benefit of any other person or company.

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**Distributor Client Detail:** (For additional list, please ask for additional chart)

S/N	CLIENT NAME <small>(Write the name of Distributor, retailer, or restaurant)</small>	PRODUCT CODE & PRODUCT DESCRIPTION	CONTACT NAME & PHONE NO.	QUANTITY SUPPLY / DAY
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

Applicant Name

Position

Signature / Date

**The Halal Zabīha Certification services are free for the benefit of Muslim Ummah**