



APPEAL FORM FOR APPLICATION FEE WAIVER & / OR REFUND OF APPLICATION FEES

**PLEASE READ INFORMATION INDICATED BELOW, BEFORE PROCEEDING TO
COMPLETE THE FORM.**

1. Pursuant to Muis Halal Certification Conditions, this form is provided to Muis Halal Certificate holders to request for waiver of application fees and or refund of fees.
2. Please complete all RELEVANT SECTIONS, the information is critical in evaluating your application while processing.
3. Please do NOT leave any portion of the RELEVANT SECTION blank; the information may be critical in evaluating your waiver or refund request.
4. Submission of the waiver and / or refund request form does not mean an automatic approval.
5. Withholding any information and / or false declaration is a breach of Muis Halal certification conditions.
6. Muis may request for additional information as and when necessary.
7. All requests shall be evaluated and processed on a case-by-case basis which will be subject to the information submitted.

8. Halal certification Fees is NON-REFUNDABLE.

9. This form shall be completed by the applicant and /or third party appointed by the applicant. However, it shall be signed by, either its director (if it is a limited liability company), its partner (if it is a partnership or limited liability partnership), or its proprietor (if it is a sole proprietorship).

10. For any clarifications on this form, please contact Muis:

Halal Certification Strategic Unit	Tel	(65) 6359 1199
Majlis Ugama Islam Singapura	Fax	(65) 6259 4733
Islamic Religious Council of Singapore	eMail	info@muis.gov.sg
Singapore Islamic Hub, 273 Braddell Road	URL	www.muis.gov.sg / www.halal.sg
Singapore 579702		



SECTION A: COMPANY DETAILS		Date:
Company Name & Premises Address:	Contact Person:	
	Designation:	
	Email:	
Establishment Name: <i>(Name of premises applied for certification / Halal certified premises)</i>		
Customer Code:		
Website address: www.		
Contact No: (O)	HP:	Fax:
SECTION B: WAIVER REQUEST		
Unable to submit renewal application	<input type="checkbox"/>	Old Ticket No.: T
Rejected application <i>(Unable to reply / rectify shortcoming etc.)</i>	<input type="checkbox"/>	
Change of scheme type <i>(Instructed by auditor)</i>	<input type="checkbox"/>	New Ticket No.: T
Change of Establishment Name / Customer code etc. <i>(Instructed by auditor)</i>	<input type="checkbox"/>	
Others- Please specify:	<input type="checkbox"/>	



SECTION C: REFUND REQUEST

(Please complete this section ONLY if you have paid the APPLICATION FEES for the waiver requested above)

(Certification Fees is NON-REFUNDABLE)

Amount: \$

Payment Date:

Payment Mode: Cash / Cheque / NETS / Online

Payment Ref:

Details to be printed on the cheque if refund is approved:

Name: *(Cheque should be issued to whose name?)*

Address: *(Enter the address where the cheque should be mailed to)*

SECTION D: REASONS FOR REFUND REQUEST:

(Please specify and attach supporting documents to justify your request & attach payment details)



SECTION E: COMPANY'S UNDERTAKING

We/I hereby declare that all the information supplied by us/me and the supporting documents if any are true and that We/I have not wilfully suppressed any material fact which is required for the approval of our request(s). We/I understand that any false declaration and / or wilful suppression of information will result in the rejection of this request(s).

Name & Designation

Signature & Date

Company Seal

Note: This request form shall be signed, either by its director (if it is a limited liability company), its partner (if it is a partnership or limited liability partnership), or its proprietor (if it is a sole proprietorship) failing which, Muis reserves the right to reject this Letter of Undertaking and / or application.



SECTION F: FOR OFFICE USE ONLY

FOR WH USE ONLY

Name & Designation of WH Officer:

Remarks:

Officer's Signature, Date and Stamp

FOR MUIS USE ONLY

Name & Designation of the verifying Officer:

Remarks:

Officer's Signature, Date and Stamp