



FVRC SERVICE REQUEST FORM

Instructions:

- 1) Kindly complete the form accordingly:

Package A – Complete Sections	I	II	III	IV	V
Package B – Complete Sections	I	II	III	IV	V
Package C – Complete Sections	I		III	IV	V

- 2) Submit completed form to Muis by email to [Nur Farisah ABDUL HALIM from.TP@muis.gov.sg](mailto:Nur.Farisah.ABDUL.HALIM.from.TP@muis.gov.sg) **no less than 14 working days before** the cleansing / food verification request date.
- 3) Payment to be made at least five (5) working days before the event date (e-invoice requesting company is exempted)
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SECTION I
MANDATORY COMPLETION FOR
PACKAGE A, PACKAGE B & PACKAGE C

SECTION I (Mandatory for ALL Packages)

Select (X) whichever is applicable.

<input type="checkbox"/>	PACKAGE A (Ritual Cleansing & Food Verification Services) SGD 1,350.00	For Office Use Only JO No: SR
<input type="checkbox"/>	PACKAGE B + (Ritual Cleansing Service Only) SGD 250.00 per hour/part thereof	Date Received:
<input type="checkbox"/>	PACKAGE C + (Food Verification Service Only) SGD 200.00 per hour/part thereof	Received by: <input type="checkbox"/> email <input type="checkbox"/> Hand <input type="checkbox"/> Post
All prices quoted above are <u>exclusive</u> of prevailing GST. Prices are subject to change without prior notice. + PACKAGE B & C ARE MUTUALLY EXCLUSIVE		Processing Officer:

**PLEASE COMPLETE
ALL FIELDS BELOW**

Event Start Date:

Event End Date:

INSTRUCTIONS TO COMPLETE THE FORM

SCENARIO 1:

1. If you are requesting the FVRC Halal Services for your own event or on behalf of your organisation, please complete the section on APPLICANT DETAILS and SKIP the section on CLIENT DETAILS.
2. Please complete your personal or organisation’s billing details in the BILLING DETAILS section.

SCENARIO 2:

1. If you are requesting the FVRC Halal Services on behalf of your client, please complete the APPLICANT DETAILS section with your organization details and complete the CLIENT DETAILS section with the details of your client.
2. If you would like the charges billed to your client, please complete your client’s billing details in the BILLING DETAILS section.
3. Please provide proof that you / your organization has been appointed to request for FVRC Halal Services on behalf of your client.
4. Regardless of the billing details, the applicant will be held responsible for non-receipt of payment.

SECTION I (CONTD) (Mandatory for ALL Packages)		
APPLICANT DETAILS		
Applicant Name CLICK HERE TO ENTER TEXT.	Designation CLICK HERE TO ENTER TEXT.	
Company Name CLICK HERE TO ENTER TEXT.		
Company Address CLICK HERE TO ENTER TEXT.	email Address CLICK HERE TO ENTER TEXT.	
Mobile No. CLICK HERE TO ENTER TEXT.	Office No. CLICK HERE TO ENTER TEXT.	Fax No. CLICK HERE TO ENTER TEXT.
CLIENT DETAILS SAME AS ABOVE <input type="checkbox"/> YES <input type="checkbox"/> NO*		
<i>If 'No' please complete this section on Client Details below, if 'Yes' proceed to next Section.</i>		
CLIENT DETAILS		
Client Name CLICK HERE TO ENTER TEXT.	Designation Click here to enter text.	
Client Company Name CLICK HERE TO ENTER TEXT.		
Client Company Address CLICK HERE TO ENTER TEXT.	Client email Address CLICK HERE TO ENTER TEXT.	
Client Mobile No. CLICK HERE TO ENTER TEXT.	Client Office No. CLICK HERE TO ENTER TEXT.	Client Fax No. CLICK HERE TO ENTER TEXT.
BILLING DETAILS[#]		
Company Name CLICK HERE TO ENTER TEXT.		
Attention To: CLICK HERE TO ENTER TEXT.		
Company Address CLICK HERE TO ENTER TEXT.	Office No. CLICK HERE TO ENTER TEXT.	
email Address CLICK HERE TO ENTER TEXT.	Fax No. CLICK HERE TO ENTER TEXT.	
* PAYMENT DATE MUST BE NO LESS THAN 5 WORKING DAYS BEFORE THE DATE OF EVENT		

PAYMENT DATE:	
<input type="checkbox"/> IB GIRO TRANSACTION REF:	
SECTION I (CONTD) (Mandatory for ALL Packages)	
DETAILS OF EVENT	
Name of Event CLICK HERE TO ENTER TEXT.	
Event Start Date: Click here to enter a date.	Event End Date: CLICK HERE TO ENTER A DATE.
Event Start Time: CLICK HERE TO ENTER TEXT.	Event End Time: CLICK HERE TO ENTER TEXT.
Location of the Event (VENUE & BALLROOM NAME) CLICK HERE TO ENTER TEXT.	
Address of Event (VENUE NAME & ADDRESS) CLICK HERE TO ENTER TEXT.	
No. of Guests requiring Package: CHOOSE AN ITEM. ⁺ CLICK HERE TO ENTER TEXT.	No. of Guests attending the event CLICK HERE TO ENTER TEXT.
Steward / Banquet Manager Name CLICK HERE TO ENTER TEXT.	Requested Date of Cleansing[#] CLICK HERE TO ENTER A DATE.
Steward / Banquet Manager email CLICK HERE TO ENTER TEXT.	Steward / Banquet Manager Hp. No. CLICK HERE TO ENTER TEXT.
Food Preparation Area Details:	
Kitchen Name(s)*: CLICK HERE TO ENTER TEXT. CLICK HERE TO ENTER TEXT. CLICK HERE TO ENTER TEXT.	
Location of Kitchen(s): CLICK HERE TO ENTER TEXT. CLICK HERE TO ENTER TEXT. CLICK HERE TO ENTER TEXT.	

*** Specify all kitchen names that will be used to prepare the food for the requested event and the respective locations of the kitchen(s)**

+ Please select the requested package

Requested date of cleansing is subject to our contractor's schedule

SECTION I (CONTD) (Mandatory for ALL Packages)

PARTICULARS OF MUSLIM PERSONNEL WORKING AT THE LOCATION OF EVENT / FOOD PREPARATION AREA

	Name	Designation	Hp No.	Working Hours
1.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
2.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
3.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
4.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
5.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
6.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.

SECTION II
MANDATORY COMPLETION FOR
PACKAGE A & PACKAGE B

SECTION II (Mandatory for Packages A & B ONLY)			
PARTICULARS OF ITEMS TO BE RITUALLY CLEANSED			
S/N	Item	Quantity	Remarks
1	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
2	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
3	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
4	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
5	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
6	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
7	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
8	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
9	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
10	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
11	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
12	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
13	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
14	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
15	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
16	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
17	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
18	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
19	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.
20	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.	CLICK HERE TO ENTER TEXT.

SECTION III
MANDATORY COMPLETION FOR
PACKAGE A, PACKAGE B & PACKAGE C

SECTION III (Mandatory for ALL Packages)

Menu Type	<input type="checkbox"/> Course Menu	<input type="checkbox"/> Buffet
If Course Menu – number of courses		

**NOTE: Scanned copy of the Menu card and Banquet Event Order shall be attached along with form.
FORM WILL BE REJECTED WITHOUT THE MENU CARD AND BANQUET EVENT ORDER**

S/N	MENU ITEM (to list out in the order reflected on the menu)	INGREDIENTS (for items prepared in-house)	MANUFACTURER'S NAME (as reflected on the halal certificate)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

S/N	MENU ITEM (to list out in the order reflected on the menu)	INGREDIENTS (for items prepared in-house)	MANUFACTURER'S NAME (as reflected on the halal certificate)
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

S/N	MENU ITEM (to list out in the order reflected on the menu)	INGREDIENTS (for items prepared in-house)	MANUFACTURER'S NAME (as reflected on the halal certificate)
31			

SECTION IV
MANDATORY COMPLETION BY
PACKAGE A, PACKAGE B & PACKAGE C
TO BE COMPLETED BY APPLICANT

SECTION IV (Mandatory for ALL Packages)

CHECKLIST – TO BE COMPLETED BY THE APPLICANT

Please select (X) what's appropriate:

- I/We have read, understood and shall comply with Muis Halal Certification Conditions
- I/We have completed the relevant sections of the form
- I/We have attached the Menu and Banquet Order form
- I/We do NOT have any outstanding payments exceeding 30 days payable to Muis for past applications made
- I/We are requesting this service for **our event / on behalf of our own organization**. We will be responsible for the payment
- I/We are requesting this service on **behalf of our client**. If the charges are not paid by the client, we will be responsible for the payment

PLEASE COMPLETE ALL SECTIONS.

MUIS RESERVES THE RIGHT TO REJECT THIS APPLICATION IF ANY OF THE ABOVE IS NOT FULFILLED OR ANY SECTIONS OF THE APPLICATION ARE LEFT OUT.

DECLARATION – TO BE COMPLETED BY THE **APPLICANT**

1. I/We hereby agree to and shall abide by Muis Halal Certification Conditions.
2. All the above information supplied by me/us and supporting documents, to the best of my/our knowledge and belief, is true. I/we have not wilfully suppressed any material facts related to this application. I/we understand that any false declaration or breach of Muis Halal Certification Conditions shall subject my/our application to being cancelled / rejected.

Name **Signature**

Designation

Date

SECTION V
MANDATORY COMPLETION BY
PACKAGE A, PACKAGE B & PACKAGE C
TO BE COMPLETED BY CLIENT
(IF APPLICABLE)

SECTION V (Mandatory for ALL Packages)

CHECKLIST – TO BE COMPLETED BY THE CLIENT IF ANY:

Please select (X) what's appropriate:

- I/We have read, understood and shall comply with Muis Halal Certification Conditions
- I/We/Our appointed Event Organiser have completed the relevant sections of the form
- I/We/Our appointed Event Organiser have attached the Menu and Banquet Order form
- I/We do NOT have any outstanding payments exceeding 30 days payable to Muis for past applications made
- I/We/our organisation is the billing entity responsible for the payment of the services requested

PLEASE COMPLETE ALL SECTIONS.

MUIS RESERVES THE RIGHT TO REJECT THIS APPLICATION IF ANY OF THE ABOVE IS NOT FULFILLED OR ANY SECTIONS OF THE APPLICATION ARE LEFT OUT.

DECLARATION – TO BE COMPLETED BY THE CLIENT

1. I/We hereby agree to and shall abide by Muis Halal Certification Conditions.
All the above information supplied by me/us and supporting documents, to the best of my/our knowledge and belief, is true. I/we have not willfully suppressed any
2. material facts related to this application. I/we understand that any false declaration or breach of Muis Halal Certification Conditions shall subject my/our application to being cancelled / rejected.
3. I/We note and agree that as an applicant I/We will be fully and unconditionally responsible for any breaches of Muis Halal Certification Conditions committed by the venue owner and/or representatives.

Name **Signature**

Designation

Date