

# CONTRACT TERMINATION REQUEST FORM



الرقابة الشرعية للحلال  
**Halal Monitoring Authority (HMA)**

HALAL FOODS DEPARTMENT OF JAMI'YYATUL ULAMA CANADA,  
CANADIAN COUNCIL OF MUSLIM THEOLOGIAN (CCMT)

1562 Danforth Avenue, P.O. Box 72031, Toronto On , M4J 1P0, Canada  
Tel: 416 731-2247 Fax: 416 981-3247 Web: www.hmacanada.org

1. Business Name In Full: \_\_\_\_\_
2. Name of Proprietor In Full: \_\_\_\_\_
3. Contact Person: \_\_\_\_\_
4. Trading Name (if different from above): \_\_\_\_\_
5. Postal Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_
9. Tel: \_\_\_\_\_ 10. Fax: \_\_\_\_\_ 11. Cell: \_\_\_\_\_
12. Web Address: \_\_\_\_\_ 13. E-Mail: \_\_\_\_\_
14. Certified products: \_\_\_\_\_
15. Certified since: \_\_\_\_\_
16. Reason for Termination of Certification/ Approval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned hereby would like to terminate the contract with HMA, effective:

(day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_.

I no longer wish to be approved by the HMA. Please cancel my contract.

I will fulfil my outstanding obligations in relation to HMA standards and service fees as per contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position in Company / Outlet : \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Print Name : \_\_\_\_\_

## OFFICIAL USE ONLY:

Certification date: \_\_\_\_\_ Outstanding Obligations Cleared: \_\_\_\_\_

Termination cleared by: \_\_\_\_\_ Date: \_\_\_\_\_