



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

(IN THE NAME OF GOD, MOST GRACIOUS, MOST MERCIFUL)

الجمعية الإسلامية - واكاتو

WAIKATO MUSLIM ASSOCIATION (INC).

WAIKATO MUSLIM ASSOCIATION ASSISTANCE REGISTRATION FORM

IF AFFECTED BY COVID-19, PLEASE FILL OUT THIS FORM FOR FOODPARCEL ASSISTANCE (one form per household)

Right now food insecurity impacts many people in New Zealand. Waikato Muslim Association recognizes the need for assistance in the community. If you feel you cannot meet the food requirements for your household please reach out to us by filling out this form.

Name

Address

Phone Number Landline

Phone Mobile

Email

Driver's License Number

Number of household members and their ages

Ethnicity (Please tick)

Somali	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Fiji/Indian	<input type="checkbox"/>	Malaysian	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	Kurdish	<input type="checkbox"/>
Maori	<input type="checkbox"/>	Other (please specify) _____	
Afghani	<input type="checkbox"/>		

How has Covid-19 impacted your family situation? (please don't leave this blank)

Job loss	<input type="checkbox"/>
Reduced hours	<input type="checkbox"/>
Other (please specify)	_____

Are you COVID-19 vaccinated?

Yes	<input type="checkbox"/>	If yes:	Single	<input type="checkbox"/>	Double	<input type="checkbox"/>
No	<input type="checkbox"/>					

If your application is approved, you will be required to collect your food from:

Khyber Foods and Spices
6 Fifth Avenue, Claudelands, Hamilton 3214

Applicant Signature

Date

Approved by

Date

Please fill out this form and send it back to us through:

- Email: wma.admin@waikatomuslims.org.nz
- WhatsApp: +6478550567
- Bring it to Masjid or drop in submission box: Monday to Friday (9.00am – 3.00pm) starting 17 November