بسم الله الرحمن الرحيم

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

الجمعية الإسلامية – وايكاتو

WAIKATO MUSLIM ASSOCIATION (INC).

Zakat approved Y/N

Amount approved: $_____

Date of Payment _____

Zakat Application Form

A. Personal Information

Date:

Applicant's Full Name:
Address: _____ Telephone: _____ Email: _____

B. Employment/Income

Applicant's Employment Status:

Applicant's occupation: _____

Spouse's Employment Status (if applicable):

Spouse's occupation: _____

Income ($/weekly)

Your income: $_____ **$** Spouse's income: $_____

Value of Assets Owned ($)

Home(s): $_____ Car(s): $_____ Other asset(s): $_____ **Cash** (saving)**:** $_____

Expenses ($/weekly) $_____ **Any debt owed by you** $_____

C. Dependant Information

Children:

How many children (living with you) are you financially responsible for? _____

Why are you applying for Zakat? _____

C. Bank account information

Your Account Number:

Account name: _____

Bank name: _____

D. Statement

I testify in front of Allah (swt) that the information provided on this form is true and accurate to the best of my knowledge.

_____

Applicant's Signature Date Spouses' Signature Date

Please email completed application form to: wma@xtra.co.nz