



ZAKAT FUND FORM

Date: _____

Form No: _____

Name: _____

ID Card No: _____

Father/Mother Name: _____ Alive Late

Husband Name: _____ Alive Late

Address: _____

Profession: _____

Guardian Name: _____ Relation With Guardian: _____

Total Family Member: _____ Women: _____ Men: _____ Children: _____

Source of Income: _____ Monthly Income: _____ Monthly Expenses: _____

Medical Related Form (FOR ADMINISTRATIVE USE ONLY)

Issue Date: _____

Expire Date: _____

Form No: _____

Patient Name: _____

Age: _____

Gender: _____

Disease Name: _____

Medicine Required: _____

Lab Test Required: _____

AGREEMENT TO SELL

I _____ Follow Islamic law and my national ID card is _____

I do solemnly affirm that the above contents are true and correct to the best of my knowledge and belief and I deserve for alms (Zaka't). Hence, I may be registered for provision of medical facilities from the fund released through Zaka't funds, after necessary verification.

Under Supervision

Dr. Kashif Tufail