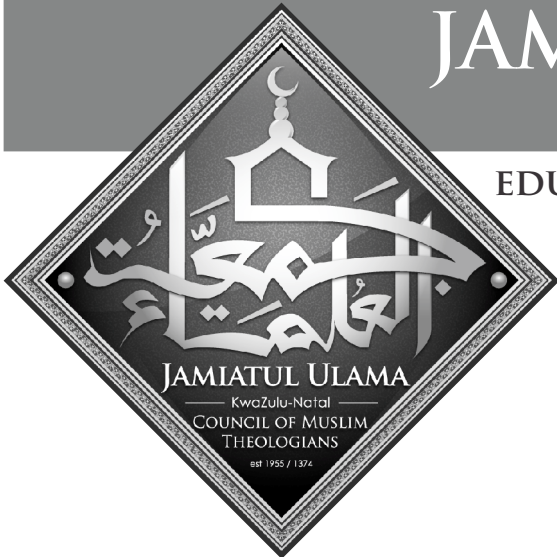


# DEBIT ORDER FORM

# JAMIATUL ULAMA KZN

TEL: (+27) 031 207 7099 WWW.JAMIAT.ORG.ZA

EDUCATING \* ENLIGHTENING \* SERVING



## OUR ACTIVITIES

Issuance of Fataawa \* Advice on Estate Distribution  
Welfare and Relief \* Settlement of Marital Disputes  
Arbitration of Commercial Disputes  
Supervision of Madrasahs \* Scholarships and Bursaries  
Appointment of Imaams for Jumu'ah \* Islamic Literature  
**Support your Jamiat.**

## PERSONAL DETAILS

Name		Surname	
Address			
Tel no.		Bank Name	
Cell		BranchName	
Fax		Branch Code	
Email		Account Type	
ID no.		Account no.	

ZAKAAT

LILLAH

TOTAL

I, hereby instruct and authorise Jamiatul Ulama KZN to debit my bank account on the 15th of every month for the amount of R \_\_\_\_\_, (amount in words) \_\_\_\_\_.

All such withdrawals from my bank account shall be treated as though I had signed them personally. I understand that the withdrawal hereby authorised will be electronically generated and I also understand that details of each withdrawal will be printed on my bank statement. I agree to pay any charges relating to this debit order instruction.

I may cancel this authorisation/instruction by notifying Jamiatul Ulama KZN, giving thirty days notice in writing, per registered post. However, I understand that I shall not be entitled to any refund of amounts which were withdrawn/processed whilst this authorisation was in force.



\_\_\_\_\_  
Signature/s as per bank specimen

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_  
Date

Kindly forward this document to the Jamiatul Ulama KZN by Fax to 031 207 4163, Post to PO Box 19551, Dormerton, 4015 or Email to finance2@jamiat.org.za.