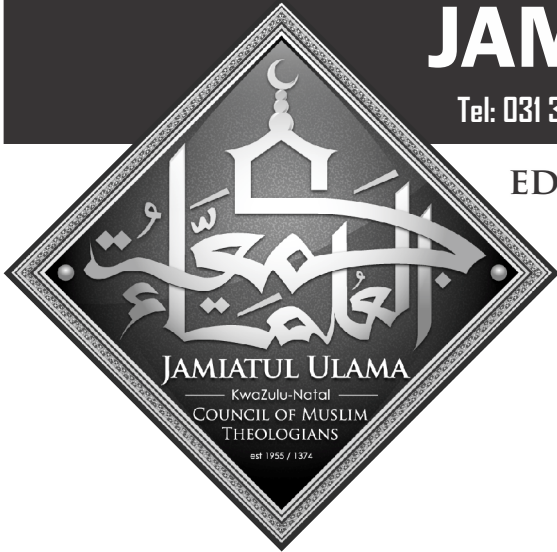


APPLICATION FOR ASSISTANCE FORM

JAMIATUL ULAMA KZN

Tel: 031 306 7786 Email: welfare@jamiat.org.za Web: www.jamiat.org.za

EDUCATING * ENLIGHTENING * SERVING



JAMIATUL ULAMA
KwaZulu-Natal – South Africa
COUNCIL OF MUSLIM THEOLOGIANS

NAME OF APPLICANT:

CONTACT NUMBER:

FOR OFFICE USE ONLY

Date application received

Day Month Year

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Next review date

Day Month Year

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Period of assistance

 3 months 6 months 9 months

 Other (Specify)

Committee Ameer: APPROVED/DECLINED

Attach colour photo here

CHECKLIST FOR APPLICANTS

- Application form & colour photo
- Certified copy of ID/ Passport/ Birth Certificate
- Proof of residence
- Appointment of representative (wakeel) form
- Statement of Assets and Liabilities
- Monthly income and expenditure statement
- Letter from Aalim/masjid committee/welfare committee
- Last 3 months bank statement
- Proof of income/salary advice slip
- Letter from your bank confirming that you are the account holder

NOTES

APPLICATION FOR ASSISTANCE FORM (continued)



JAMIATUL ULAMA
COUNCIL OF MUSLIM THEOLOGICALS

PERSONAL DETAILS

Name			
Postal Address			
ID number			
Tel:	Cell:	Fax:	
Name of local Masjid:			
Name of Imaam / Moulana at Masjid:			

SPOUSES DETAILS

Name			
Postal Address			
ID number			
Tel:	Cell:	Fax:	

EDUCATION DETAILS

Last School Attended	
Highest Grade Passed	
Tertiary Education	

HEALTH

Smoker	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Ailment / Sickness	Duration	Treatment	Doctor / Hospital	
Name of family doctor:			Tel No.:	

APPLICATION FOR ASSISTANCE FORM (continued)



JAMIATUL ULAMA
COUNCIL OF MUSLIM THEOLOGICALS

DETAILS OF CHILDREN

Name	Relation	Age	ID no.	Married
				<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifications	School (Highest Grade)	Madrasah (Highest Grade)	Permit no.	

Name	Relation	Age	ID no.	Married
				<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifications	School (Highest Grade)	Madrasah (Highest Grade)	Permit no.	

Name	Relation	Age	ID no.	Married
				<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifications	School (Highest Grade)	Madrasah (Highest Grade)	Permit no.	

Name	Relation	Age	ID no.	Married
				<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifications	School (Highest Grade)	Madrasah (Highest Grade)	Permit no.	

Name	Relation	Age	ID no.	Married
				<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifications	School (Highest Grade)	Madrasah (Highest Grade)	Permit no.	

Name	Relation	Age	ID no.	Married
				<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifications	School (Highest Grade)	Madrasah (Highest Grade)	Permit no.	

Name	Relation	Age	ID no.	Married
				<input type="checkbox"/> YES <input type="checkbox"/> NO
Qualifications	School (Highest Grade)	Madrasah (Highest Grade)	Permit no.	

APPLICATION FOR ASSISTANCE FORM (continued)



EMPLOYMENT DETAILS

Are you currently employed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>If employed fill in details below</i>
Place of employment:			
Address:			
Name of owner / manager:			
Tel:	Cell:	Fax:	
Period of employment:			

If you are unemployed please complete below

Previous place of employment:	Tel:	
Reason of termination of employment:		
Amount of refund received:		
Pension:	Notice pay:	Other:

Provide proof of last salary slip / letter from employer / 3 months bank statement

Quests for new employment	
Places applied	Result

BANK DETAILS

Your details	Spouse's details
Name of bank:	
Branch - Branch code:	
Type of Account <small>(Savings, current, cheque, etc)</small>	

I hereby certify that all information supplied by me is true and correct.

Name: _____ Date: _____ Signature _____

OFFICE USE ONLY

Interviewer:	Date:	Sign:
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APPLICATION FOR ASSISTANCE FORM (continued)



JAMIATUL ULAMA
COUNCIL OF MUSLIM THEOLOGIANS

MONTHLY INCOME AND EXPENDITURE STATEMENT

of (Name):	ID No.:
of (Physical Address):	
As at (date):	

INCOME	
Gross monthly basic salary	
Travel /car allowance	
Housing subsidy/allowance	
Medical aid allowance	
REIMBURSEMENTS	
Petrol	
Cell phone/ Telephone	
Other	
ADDITIONAL INCOME	
Commission	
Overtime	
Sick pay	
Leave pay	
Bonus	
Child support grant	
Disability grant	
Maintenance	
From other NGO's <small>*specify below under notes</small>	
From Family/Friends <small>*specify below under notes</small>	
Property rental income	
Other	
Total Gross Income (A)	
R	

Net Income (A-B)	R
Less Total Expenditure (C)	R
Surplus / Deficit	R
Category (for office use only)	

*Additional Notes

DEDUCTIONS	
PAYE / UIF	
Medical Aid	
Pension / Provident Fund	
Insurance	
Industry council contribution	
Union fees	
Garnishee orders	
Other	
Total Deductions (B)	

EXPENDITURE (Household)	
Rent	
Rates, taxes, water & electricity	
Groceries & clothing	
Domestic wages	
Telephone & cellphone(s)	
Fuel & maintenance	
Insurance	
Investments & savings	
Education & school fees	
Medical expenses	
Other	
Total Expenditure (C)	

Signature	
Committee Ameer	
Witness 1	
Witness 2	
Islamic Date	
Gregorian Date	

STATEMENT OF ASSETS AND LIABILITIES

of (Name):	ID No.:
of (Physical Address):	
As at (date):	

ASSETS

1 (A) FIXED PROPERTY

Market Value	R
Description of Property:	

1 (B) Other fixed property (Other than the one you live in)

Market Value	R
Description of Property:	

2 MOVABLE ASSETS *Motor Vehicles, Furniture, etc*

Description:	Book Value
	R
	R

3 CURRENT ASSETS

A) Gold, Silver (Current Valuation)	R
B) Cash on Hand	R
C) Cash in Bank	R
D) Shares (In Private Companies etc)	R
E) Debtors (People owing you money)	R
F) Other Assets	R

TOTAL ASSETS (A)	R
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Signature	
Committee Ameer	
Witness 1	
Witness 2	
Islamic Date	
Gregorian Date	

LIABILITIES

1 Motor Vehicle Finance

Credit Provider	
Account Number	
Monthly Installments	R
Amount Outstanding (<i>Total</i>)	R

2 Home Loan

Credit Provider	
Account Number	
Monthly Installments	R
Amount Outstanding (<i>Total</i>)	R

3 Overdraft at Bank	R
4 Credit Cards in Total	R
5 Personal Loans	R
6 Student Loans	R
7 Clothing Accounts	R
8 Furniture Accounts	R
Other Loans or Creditors (<i>Please specify</i>)	
A)	R
B)	R
C)	R
D)	R

TOTAL LIABILITIES (B)	R
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Total Assets (A)	R
Less Total Liabilities (B)	R
Balance (A - B)	R

Category (for office use only)	
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APPLICATION FOR ASSISTANCE FORM (continued)



DECLARATION

I, _____ ID no. _____
of (physical address) _____

the undersigned, hereby declare that I DO NOT RECEIVE ASSISTANCE from any other organization or individual and if I do receive such assistance, I will inform the Ameer of the Approvals Committee of the Jamiatul Ulama accordingly. I further solemnly declare that my present financial circumstances are such as to render me eligible in terms of the Shariah to receive assistance from the Jamiatul Ulama, and I direct that such aid be forthcoming to me in the form of cash or kind at the sole discretion of the Jamiatul Ulama Welfare/ Approvals committee.

APPOINTMENT OF 'WAKEEL' (REPRESENTATIVE)

I further expressly agree that the Ameer of the aforesaid committee or any one or more of its members as shall be authorised by him shall act as my Shar'ee Wakeel (Legal Representative) and hereby is empowered to act as such and receive any monetary aid from Zakaat, Lillah, Sadaqah, interest and other funds of the Jamiatul Ulama (dependent on my financial circumstances) on my behalf and to allocate and disburse such monies directly or indirectly to my creditors in payment of my debts in lump sums or in periodic installments as he in his sole discretion may deem fit. I shall consider all such receipts and direct and indirect payments of my debts as are performed by my Wakeel or his duly authorised representative as aforesaid to have, in fact, been performed by me personally.

Furthermore, I undertake to acquaint the Jamiatul Ulama Welfare & Approvals Committee in writing of any change that henceforth may arise in my financial, health, and/or social circumstances. I also hereby irrevocably authorise any doctor, hospital, or any other institution or person to disclose to the aforesaid committee any information concerning the health, financial and or special circumstances of myself and my family, which such doctor, hospital, institution or person may know about. I further agree to submit receipts, till slips, invoices, statements, etc for all payments made by the Jamiatul Ulama on behalf of myself to the approvals committee timeously, failing which all further aid may be temporarily suspended.

INDEMNITY AGAINST DISCLOSURE

I acknowledge that the information contained herein is not bound by any acts of secrecy and as such, accepts that the organisation may disclose any information contained herein to any subsidiary organisation affiliated to or operating under its wing.

I waive any right arising from injury, loss or liability and/or claim arising from any information contained herein being used by any third party either affiliated with the organisation or not through either commission or omission.

APPLICANT AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of the JAMIATUL ULAMA KZN, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under the Organisation's policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination of all forms of assistance from the Organisation. I further authorize and give full permission to have the Organisation and/or physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Organisation. Finally, I authorize the Organisation to disclose any documentation relating to such test to any governmental or non-governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized officers, employees, and agents of the Organisation will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make a decision whether to provide me with financial aid and to respond to inquiries or notices from governmental or non-governmental entities.

I will hold harmless the Organisation, its physician, and any testing laboratory the Organisation might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of assistance or employment or any other kind of adverse reaction that might arise as a result of the drug or alcohol test, even if the Organisation or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Organisation, its physician, and any testing laboratory the Organisation might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

Applicant Signature

Date

1st Witness Signature

2nd Witness Signature

Committee Ameer