## Hilaal Shahaadah Form

Sighting team	New Islaamic month	Islaamic year (for new month)		
Greg. date of sighting	City	Suburb		
Place/Address	Sunset time	Was the moon was sighted		ighted
		Yes	No	

Moon was seen				
Exact time of sighting (if moon was seen)				
Position of moon (left/right of where sun set)	Left	Right		



Moon was not seen							
Came Late		Cloudy		Poor Visibility		Early Moonset	

By signing hereunder, I testify to the above.

	People testifying					
1	Name	Signature	8	Name	Signature	
2			9			
3			10			
4			11			
5			12			
6			13			
7			14			

Responsible person				
Name	Sign	Cell		

Please report your sighting decision to MI Shabbeer Asmal – 072 786 3545 or Br Rashid Motala – 083 661 5687 Please WhatsApp a picture of this form to the above as soon as possible.





