



FIJI MUSLIM LEAGUE

_____ BRANCH

ZAKAAT ASSESSMENT FORM

Attach 1 Recent
Passport size photo

APPLICANT'S PERSONAL DETAILS

Applicant Name <i>(as per Birth Certificate)</i>	
Full Residential Address	
Date of Birth & Registration No.	
TIN Number	
Gender (Male/Female)	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Occupation	
If Unemployed – Reason <i>(If sick, then provide medical report)</i>	
If Retired – Previous Employment	
Spouse Name	
Spouse Occupation	
Phone Contact	
FML Membership	

FAMILY MAKE UP (Family Members & Relationship) – Staying together, Fiji & Overseas

NO.	NAME	RELATIONSHIP	AGE	MARITAL STATUS	WORKING (YES/NO)	OCCUPATION	ADDRESS
1							
2							
3							
4							
5							
6							

HOUSING STATUS

Type of House	<input type="checkbox"/> Wooden <input type="checkbox"/> Concrete <input type="checkbox"/> Timber & Iron	Number of Bedrooms - <input type="checkbox"/>
Ownership of House	<input type="checkbox"/> Own <input type="checkbox"/> Children <input type="checkbox"/> Family <input type="checkbox"/> Rent	Monthly Rent - <input type="checkbox"/>

MEDICAL STATUS

<input type="checkbox"/> Diabetic	<input type="checkbox"/> Cardiovascular Diseases	<input type="checkbox"/> BP-Low/High	<input type="checkbox"/> Heart	<input type="checkbox"/> Other – Specify <input type="checkbox"/>
Medical cost per month <input type="checkbox"/>	Prescribed Medicine names	<ol style="list-style-type: none">1.2.3.4.5.		

MONTHLY INCOME AND EXPENSE

<i>INCOME</i>	<i>AMOUNT</i>
Household Employment	
Rent from Properties etc.	
Support from Family & Relatives	
Maintenance	
Farming	
Social Welfare etc. (Fiji & Overseas)	
Zakaat from Donors (Fiji & Overseas)	
Other Income	
Total Monthly Income	
<i>EXPENSES (attach copies of bills/invoices)</i>	
Water	
Electricity	
Telephone / Mobile Phone	
Rent (if renting)	
Food	
Travel	
Medical	
Hire Purchase	
Education	
Others	
Total Monthly Expense	
Surplus/Deficit	

STATEMENT OF ASSETS AND LIABILITIES

<i>ASSETS</i>	<i>AMOUNT</i>
Cash at Bank	
Cash on Hand	
Value of House (Own)	
Motor Vehicles	
Household Goods / Furniture, Fixtures & Equipment etc.	
Jewelry	
Others	
Total Assets	
<i>LIABILITIES</i>	
Creditors	
Loan	
Others	
Total Liabilities	
Net Assets	

BANK DETAILS (Attach Bank Statement)

Bank Name		Account Number	
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DECLARATION BY NEXT OF KIN

I/We hereby affirm that I/we are unable to provide support to the Applicant and therefore request FML _____ Branch to grant Zakaat to the said Applicant.

**(Note: A copy of the Birth Certificate for Dependent Children is required)*

	<i>Name</i>	<i>Relationship</i>	<i>Signature</i>	<i>Date</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

NEXT OF KIN DECLARATION

To be filled ONLY if the applicant is immobile (eg. Crippled, Bedridden, Amputation, Terminal Illnesses, Dementia & Paralyzed, _____) and unable to withdraw Zakaat funds from bank

I, the undersigned, hereby declare that I am the next of kin of _____.

This declaration is made to affirm our relationship and acknowledge the information provided below:

DETAILS OF THE APPLICANT

FULL NAME : _____

DATE OF BIRTH : _____

ADDRESS : _____

DETAILS OF NEXT OF KIN

FULL NAME : _____

DATE OF BIRTH : _____

ADDRESS : _____

RELATIONSHIP TO APPLICANT : _____

PHONE CONTACT : _____

FML MEMBERSHIP NO. : _____

IDENTIFICATION CARD (Photo ID) : _____

BANK DETAILS & ACCOUNT NO. : _____

DECLARATION:

I, the undersigned, do hereby declare and affirm that:

1. The information provided in this declaration is true accurate to the best of our knowledge and belief.
2. I acknowledge and confirm my relationship to _____ (Name of Recipient) as the next of kin.
3. I consent to this declaration being used for (specific purpose, eg. Crippled, Bedridden, Amputation, Terminal Illnesses, Dementia & Paralyzed).

Signature of Next of Kin:

Signature: _____ Name: _____ Date: _____

Witness:

Signature: _____ Name: _____ Date: _____

DECLARATION BY APPLICANT

I declare that all the information provided on this form is true and accurate, that I'm eligible to receive ZAKAT and I authorize FML _____ Branch and FML appointed officials to verify the information submitted. If the applicant's status changes in the future and they become ineligible for Zakaat, they must immediately inform the Branch.

Name: _____ Signature / Thumb Print: _____ Date: _____

RECOMMENDED BY: _____
(NAME, OCCUPATION & SIGNATURE)

WITNESS: _____
(NAME & SIGNATURE)

DATE: _____

DATE: _____

OFFICIAL USE ONLY (Branch Executives)

APPROVED

DISAPPROVED

IF DISAPPROVED - REASON: _____

(NAME & SIGNATURE OF ISLAMIC SCHOLAR)

(NAME & SIGNATURE OF BRANCH PRESIDENT)

DATE: _____

FML _____ Branch and/or FML HQ Executive Committee reserves the right to stop Zakaat payments and cancel the application if false information is provided.

ADDITIONAL COMMENTS

1. Next Review (Month and Year) _____
2. _____
3. _____

NOTE. The applicant or the person completing this form on behalf of someone else must be aware that making any false statement or submitting any false documents is considered an offense. Please complete this form legibly using a BLACK or BLUE INK PEN and CAPITAL LETTERS. Any amendments must be signed; do not use correction fluid or tape. The form must be fully and accurately completed. Information provided by the applicant will be kept confidential.

REQUIREMENTS: *Recent Clear Passport Size Photo, Birth Certificate Copy, Valid Photo ID Copy, FML Membership Card (if registered/FML receipt), Medical Report, Copy of Bank Statement, Pictures of House - inside & outside and any additional documents that support the eligibility status.*

CHECK LIST

		<i>(please tick)</i>	
	DOCUMENTS ATTACHED		
		YES	NO
1.	1 x Passport Size Photo		
2.	Birth Certificate		
3.	Valid Photo ID		
4.	FML Membership Card / Receipt		
5.	Medical Report		
6.	Bank Statement		
7.	Pictures of House (Inside & Outside)		