

Pinb 1970 -
Rafi Mohamed

SANZAF RECORDING SHEET

ADMIN SIGN

[illegible]



NAME: Rafi Mohamed

ADMINISTRATOR SIGNATURE _____

PMB NO:	
SHURA DECISION <u>H. 12/2</u>	
DATE: <u>09.09.24</u>	CASEWORKER:
ELECTRICITY& WATER -	
RENTAL -	<u>R2000-00</u>
BURSARY -	
TRANSPORT -	
MEDICAL/SELFHELP -	
CODE -	<u>2000/000</u>
SHURA DECISION (Include T&C -	
DATE -	<u>09.09.24</u>
SIGN -	
REF -	<u>EFT # 6123</u>

SHURA DECISION	
DATE: <u>7/11/24</u>	CASEWORKER: <u>M Amin</u>
ELECTRICITY& WATER -	
RENTAL -	<u>R1000-00</u>
BURSARY -	
TRANSPORT -	
MEDICAL/SELFHELP -	
CODE -	<u>2002/002</u>
SHURA DECISION (Include T&C -	
DATE -	
SIGN -	
REF -	

SHURA DECISION	
DATE: <u>13/12/24</u>	CASEWORKER: <u>A. MALIK</u>
ELECTRICITY& WATER -	
RENTAL -	<u>R2000-00 (DEC)</u>
BURSARY -	
TRANSPORT -	
MEDICAL/SELFHELP -	
CODE -	
SHURA DECISION (Include T&C -	
DATE -	<u>13/12/24</u>
SIGN -	
REF -	<u>EFT # 6346</u>

SHURA DECISION	
DATE:	CASEWORKER:
ELECTRICITY& WATER -	
RENTAL -	
BURSARY -	
TRANSPORT -	
MEDICAL/SELFHELP -	
CODE -	
SHURA DECISION (Include T&C -	
DATE -	
SIGN -	
REF -	

SHURA DECISION	
DATE:	CASEWORKER:
ELECTRICITY& WATER -	
RENTAL -	
BURSARY -	
TRANSPORT -	
MEDICAL/SELFHELP -	
CODE -	
SHURA DECISION (Include T&C -	
DATE -	
SIGN -	
REF -	

SHURA DECISION	
DATE:	CASEWORKER:
ELECTRICITY& WATER -	
RENTAL -	
BURSARY -	
TRANSPORT -	
MEDICAL/SELFHELP -	
CODE -	
SHURA DECISION (Include T&C -	
DATE -	
SIGN -	
REF -	

SHURAH REQUEST & OUTCOME

NAME				DATE: 3/3/25	FILE NO:	WORKER
SURNAME				SHURA DECISION :		
REQUEST	AMOUNT	GIVEN	AMOUNT			
RENTALS						
W/ELEC						
TRAVEL						
MEDICAL						
VOUCHER ✓						
SCHOOL FEES						
SELF HELP						
TOTAL REQ		TOTAL GIVEN	SHURAH TEAM MEMBER SIGN			

21500 MARCH MAY JULY

[Signature]

NAME				DATE:	FILE NO:	WORKER
SURNAME				SHURA DECISION :		
REQUEST	AMOUNT	GIVEN	AMOUNT			
RENTALS						
W/ELEC						
TRAVEL						
MEDICAL						
VOUCHER						
SCHOOL FEES						
SELF HELP						
TOTAL REQ		TOTAL GIVEN	SHURAH TEAM MEMBER SIGN			

NAME				DATE:	FILE NO:	WORKER
SURNAME				SHURA DECISION :		
REQUEST	AMOUNT	GIVEN	AMOUNT			
RENTALS						
W/ELEC						
TRAVEL						
MEDICAL						
VOUCHER						
SCHOOL FEES						
SELF HELP						
TOTAL REQ		TOTAL GIVEN	SHURAH TEAM MEMBER SIGN			

NAME				DATE:	FILE NO:	WORKER
SURNAME				SHURA DECISION :		
REQUEST	AMOUNT	GIVEN	AMOUNT			
RENTALS						
W/ELEC						
TRAVEL						
MEDICAL						
VOUCHER						
SCHOOL FEES						
SELF HELP						
TOTAL REQ		TOTAL GIVEN	SHURAH TEAM MEMBER SIGN			

SHURAH REQUEST & OUTCOME

NAME SURNAME		LAFI MOHAMED		DATE:	24/9/24	FILE NO:		WORKER
REQUEST	AMOUNT	GIVEN	AMOUNT	SHURA DECISION :				
RENTALS ✓		B	R2000	FOR SEPT 24				
W/ELEC								
TRAVEL								
MEDICAL								
VOUCHER ✓			1500	FOR SEPT 24				
SCHOOL FEES								
SELF HELP								
TOTAL REQ		TOTAL GIVEN		SHURAH TEAM MEMBER SIGN: Rafick R				

NAME SURNAME				DATE:	3/11/24	FILE NO:		WORKER
REQUEST	AMOUNT	GIVEN	AMOUNT	SHURA DECISION :				
RENTALS ✓			R1000	NOV 2024 ONLY				
W/ELEC				04 09.24 283				
TRAVEL								
MEDICAL ✓			R1500	NOV 2024 ONLY				
VOUCHER ✓								
SCHOOL FEES								
SELF HELP								
TOTAL REQ		TOTAL GIVEN		SHURAH TEAM MEMBER SIGN: G-Modley Rafick				

NAME SURNAME				DATE:	12-12-24	FILE NO:		WORKER
REQUEST	AMOUNT	GIVEN	AMOUNT	SHURA DECISION :				
RENTALS			R1000.0	DEC 24				
W/ELEC								
TRAVEL								
MEDICAL								
VOUCHER								
SCHOOL FEES								
SELF HELP								
TOTAL REQ		TOTAL GIVEN		SHURAH TEAM MEMBER SIGN: K G-Modley				

NAME SURNAME				DATE:	15/1/25	FILE NO:		WORKER
REQUEST	AMOUNT	GIVEN	AMOUNT	SHURA DECISION :				
RENTALS			R1500					
W/ELEC								
TRAVEL								
MEDICAL								
VOUCHER ✓			R1500	JAN 2025				
SCHOOL FEES								
SELF HELP								
TOTAL REQ		TOTAL GIVEN		SHURAH TEAM MEMBER SIGN: G-Modley SLB				

**The Administration for the Collection
and Distribution of Zakāh and Sadaqāt**

DATE: 03/09/24



changing lives through
development and relief

sanzaf.org.za

NPO 007-160 PBO 930001714

RE: Declaration of Faith

1. RAFI MAHOMED

Declare that I'm a muslim who subscribes to the Ahlus Sunnah wal Jamaat.

ID Number: 7210125167088

Recipient Sign: *Rafiq*

Mashura Witness 1: *Rafiq*

Mashura Witness 2: _____

Mashura Witness 3: _____

Mashura Witness 4: _____

[Signature]

AlVyadally
(PMB Administrator)

34 Simeon Road,
Raisethorpe,
PO Box 450,
Luxmi,
3207
Pietermaritzburg

T: 033 397 9133/4
F: 086 275 0907
E: pmb@sanzaf.org.za

NEDBANK:
TAJ CENTRE
BRANCH CODE:
137225
ZAKAH ACCOUNT NO:
1372014349
SADAQAH/LILLAH NO:
1372014357
REF: YOUR NIYAH
(eg ZAKAH SADAQAH
LILLAH OR ADMIN)

SANZAF: Our Status and Milestones

1. Registered as a non-profit organization (NPO 007-160)
2. Registered with SARS for VAT (4320215348)
3. Registered as a trust (IT 1670/96)
4. Registered as a public benefit organization (PBO 930001714)
5. Registered with SARS for tax exemption (RG/0240/08/04)
6. Membership of Proudly South African (CM 040623/9)
7. Recognition by Social Services as a Service Provider
8. 2007 Winner of the FNB/Wesbank Islamic Finance Business Awards: CSI category

In The Name Of Allah, The Beneficent, The Most Merciful

**The Administration for the Collection
and Distribution of Zakāh and Sadaqāt**

SANZAF



*changing lives through
development and relief*

sanzaf.org.za

NPO 007-160 PBO 930001714

Dear Mr/Mrs/Br./Sr. _____

السلام عليكم ورحمة الله وبركاته

The committee has reviewed your application and after taking into consideration your present financial position the Zakaah committee has granted you assistance.

Zakaah committee

Zakaah committee

Zakaah committee

Administrator(SANZAF PMB)

I, _____

hereby make South African National Zakaah Fund the Wakeel (Representative)
to accept and disperse the Zakaah on my behalf.

والسلام عليكم ورحمة الله وبركاته

Signature of Recipient

Date

SANZAF: Our Status and Milestones

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2. Registered with SARS for VAT (4320215348)
3. Registered as a trust (IT 1670/96)
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**34 Simeon Road,
Raisethorpe,
PO Box 450,
Luxmi,
3207
Pietermaritzburg**

**T: 033 397 9133/4
F: 086 275 0907
E: pmb@sanzaf.org.za**

**NEDBANK :
TAJ CENTRE
BRANCH CODE :
137225
ZAKAH ACCOUNT NO
1372014349
SADAQAH/LILLAH NO
1372014349
REF : YOUR MIYAH
(eg ZAKAH SADAQAH)
LILLAH OR SADAQAH**

BANK CONFIRMATION

THIS DOCUMENT MUST BE STAMPED BY AN AUTHORISED EMPLOYEE OF THE BANK.
THE BANK EMPLOYEE SIMPLY NEEDS TO CONFIRM IF THE PERSON NAMED HEREUNDER HAS A PORTFOLIO (BANK ACCOUNT) WITH THE BANK. NO FURTHER DETAILS ARE REQUIRED.

TO WHOM IT MAY CONCERN

KINDLY ADVISE IF Rafi Mohamed WITH ID
NUMBER 12 10 12 516 7088 HAS A PORTFOLIO WITH YOUR INSTITUTION.

Stamp here
Absa Bank Ltd
ABSA
2024 -09- 03
Or name and tel of employee
104 6033
62 45 53

☒ NO ☐ YES ☐

Stamp here
HBZ
Or name and tel of employee

☒ NO ☐ YES ☐

Number of accounts
Stamp here
CAPITEC
47 00 10
03 SEP 2024
Teller 1
Or name and tel of employee
4107

☒ NO ☐ YES ☐

Number of accounts
Stamp here
FNB
03 SEP 2024
SERVICE CONSULTANT
250 - 068
Or name and tel of employee

☒ NO ☐ YES ☐

Number of accounts
Stamp here
NEDBANK
T1 (372)
Or name and tel of employee
16 80 45

☒ NO ☐ YES ☐

Number of accounts
Stamp here
STANDARD BANK
RAISETHORPE
SERVICE CENTRE
03 SEP 2024
Or name and tel of employee
7-27

☐ NO ☒ YES ☐ Account no. 038 331918

Number of accounts

34 SIMEON ROAD
RAISETHORPE
3201

P.O. BOX 40
LUXM
3207

Balance - R140.

TEL : 033 397 9133

SA NATIONAL ZAKAH FUND - Tel 033 397 9133



BANK CONFIRMATION

THIS DOCUMENT MUST BE STAMPED BY AN AUTHORISED EMPLOYEE OF THE BANK.
THE BANK EMPLOYEE SIMPLY NEEDS TO CONFIRM IF THE PERSON NAMED HEREUNDER HAS A PORTFOLIO (BANK ACCOUNT) WITH THE BANK. NO FURTHER DETAILS ARE REQUIRED.

TO WHOM IT MAY CONCERN

KINDLY ADVISE IF Reyon Mahomed WITH ID
NUMBER 770 4100 203082 HAS A PORTFOLIO WITH YOUR INSTITUTION.

Stamp here

ABSA
2024 -09- 03
T04 6033
62 45 53

Or name and tel of employee

☒ NO ☐ YES _____

Stamp here

HBZ

Or name and tel of employee

☒ NO ☐ YES _____

Number of accounts

Stamp here

CAPITEC
47 00 10
3 SEP 2024
Teller 1
Or name and tel of employee

☒ NO ☐ YES _____

Number of accounts

Stamp here

FNB
03 SEP 2024
Or name and tel of employee

☒ NO ☐ YES _____

Number of accounts

Stamp here

NEDBANK
T1 (372)
Or name and tel of employee

☒ NO ☐ YES _____

Number of accounts

Stamp here

STANDARD BANK
SALES RECEPTIONIST
Or name and tel of employee

☒ NO ☐ YES _____



☐ YES _____

☒ NO

☐ YES _____

Number of accounts

34 SIMEON ROAD
RAISTHORPE
3201

P.O. BOX 456
LUXMI
3207

TEL : 033 397 9133

SA NATIONAL ZAKAH FUND - Tel 033 397 9133

LANDLORD CONFIRMATION

THIS DOCUMENT MUST BE SIGNED BY THE LANDLORD AND IS A CONFIRMATION THAT THE PERSON NAMED HEREUNDER RENTS AT THE SAID ADDRESS. THE LANDLORD MUST ALSO CONFORM HIS/HER ACCOUNT DETAILS AND AMOUNT PAYABLE EACH MONTH.



DECLARATION BY TENANT

I, RAFI MAHOMED (tenant name),
with ID # 7210125167088 hereby confirm that the I rent premises at:
Address where renting: 1 BELFORT ROAD FLAT B 6 NORTHDAL
PIETERMARITZBURG 3201
Monthly Rental R 3500-00 (all inclusive)
I am renting since 01 AUGUST 2024 (date)
Number of people living with me 3 (WIFE + 2 CHILDREN)

DECLARATION BY LANDLORD

I, SHASHI GOODDOON (landlord name),
with ID # 8309295188087 hereby confirm that the I rent out my premises as
indicated above. I declare the above to be true as at the date of this letter.

The rental is payable by the 7TH (EACH MONTH) of each month into the following bank account:
Account in the name of: SHASHI GOODDOON
Name of Bank: F.N.B
Account Type: CHEQUE
Account Number: (83034196443) 63034196443
Reference to be used: FLAT 6

By appending my signature below, I confirm that I am rightfully authorised to receive the payment for the rental services rendered to the above mentioned tenant. I further confirm that the information I provided is accurate. I understand that SANZAF reserves the right to pursue any legal action to recoup any amounts paid by them into my account, including the laying of criminal charges should the information be false/misleading.

LANDLORDS COMMENTS (if any): RENT MUST BE PAID BEFORE 7TH
OF EACH MONTH

03/09/24

Signature of Landlord

Date

0833475017

Landlord Telephone Number

Signature of Tenant

LANDLORDS ARE REQUIRED TO PROVIDE:

1. Letter from the bank confirming your account details with landlord details
2. Municipal Accounting, Water & Electricity or Rate Assessment for the property address
3. An invoice for any services payments (signed by landlord)

stamp here

Confirmed
13/12/24

SOUTH AFRICAN NATIONAL ZAKAH FUND ASSISTANCE APPLICATION FORM



CLIENTS PARTICULARS

Surname MAHOMED
 First Name RAFI
 Muslim Name _____
 Legal Status MARRIED
 Building Name BELFORT FLATS
 Street Name 1 BELFORT ROAD, FLAT B 6
 Area/City NORTHDALE, PIETERMARITZBURG
 Landmark _____
 Landlord Name SHASHI GOODOON

FILE DETAILS

File Number _____
 Referred by _____
 Contact No. _____
 Case Worker _____
 Tel (Home) _____
 Tel (Work) _____
 Cell _____
 Landlord Tel 0833475017

Assistance Requested & Needs/Interventions Identified

☒ Food ☒ Rent ☐ Water/Electricity ☐ Transport ☐ Medical ☐ Clothing ☐ Debt ☐ Children ☐ Education ☐ Basic ☐ High School
☐ Matric Student ☐ School ☐ Unemployed Adult ☐ Unemployed Youth ☐ Basic Issues ☐ Prob. Nursery School ☐ Social
☐ Prob. Primary School ☐ Prob Primary Madressa ☐ Prob. Adult Islamic ☐ Prob. Adult Literary ☐ Aged/Disabled/Alone
☐ Aged/Disable/Fam. ☐ Aged/Disable/Inst. ☐ Domestic Violence ☐ Homeless/Shelter ☐ Empowerment ☐ Skills Training
☐ Bursary ☐ Debt Management ☐ Improve Housing ☐ Anger Management ☐ Mental Counselling ☐ Depression
☐ Counselling ☐ Household Furniture/Appliances ☐ Micro Finance ☐ Hawking ☐ Home Industry
☐ Substance Abuse: Adult ☐ Youth ☐ Females

Request I RAFI MAHOMED AM REQUESTING FOR HELP REGARDING GROCERIES AND RENTAL

Reason for the need arising I LOST MY JOB AND CURRENTLY UNEMPLOYED

Intervention / POA _____

Impact/Desired/Update/Progress _____

Details of Persons residing with Applicant

Who may influence impact on family
(skills in family included)

Other organisations and role players (family & friends who can influence impact)

**3 Months
Statement**
Standard Bank
UNIVERSAL BRANCH
04 Sep 2024
2919

Account preferred centre
Customer Contact Centre 0860 101 341
Internet www.standardbank.co.za

Page 1 of 1

Date 04 September 2024
Time 08:56:03

Account identification

Name of account: MR RAFI MAHOMED
Account number: 038331918

Transaction details

Post Date mm dd	Transaction description	Fee	Payments	Deposits	Balance
	Statement opening balances				R 46.61
06-14	CREDIT INTEREST			R 1.06	R 47.67
06-27	PENSION NRMLSASSA KZN 598031456			R 370.00	R 417.67
06-28	AUTOBANK CASH WITHDRAWAL AT 00002919 2024-06-28T15:42:00 51		R-360.00		R 57.67
06-28	CASH WITHDRAWAL FEE 38331918		R-9.60		R 48.07
06-29	FEE: MU PRIMARY SMS 0000000038331918 00003 R0.90		R-0.90		R 47.17
07-05	MAGTAPE CREDIT RAEefa MAHOMED			R 750.00	R 797.17
07-13	CREDIT INTEREST			R 1.17	R 798.34
07-15	AUTOBANK CASH WITHDRAWAL AT 00002919 2024-07-14T11:06:38 51		R-730.00		R 68.34
07-15	CASH WITHDRAWAL FEE 38331918		R-19.20		R 49.14
07-27	PENSION NRMLSASSA KZN 615134831			R 370.00	R 419.14
07-27	AUTOBANK CASH WITHDRAWAL AT 00002919 2024-07-27T08:49:55 51		R-360.00		R 59.14
07-27	CASH WITHDRAWAL FEE 38331918		R-9.60		R 49.54
07-31	FEE: MU PRIMARY SMS 0000000038331918 00004 R1.20		R-1.20		R 48.34
08-14	CREDIT INTEREST			R 0.46	R 48.80

##These fees are inclusive of VAT at 15%

Please verify all transactions reflected on this statement and notify any discrepancies to the bank as soon as possible

Statement summary:

Payments	R-1 860.70
Deposits	R 1 862.69
Fee	0.00

Today's debits have not yet been paid

[illegible]