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AS PER ISMAIL

#### The Administration for the Collection and Distribution of Zakáh and Sadaqát

Dear Mr/Mrs/Br./Sr						
السلام عليكم و رحمة الله و بركاته						
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)						
. Shaheem Pashua						
hereby make South African National Zakaah Fund the	Wakeel (Representative)					
to accept and disperse the Zakaah on my behalf.						

- Registered as a non-profit organization (NPO 007-160)
- Registered with SARS for VAT (4320215348)
- Registered as a trust (IT 1670/96)

والسلام عليكم و رحمة اللغ ويركاته

Signature of Recipient

- Registered as a public benefit organization (PBO 930001714)
- Registered with SARS for tax exemption (RG/0240/08/04)
- Membership of Proudly South African (CM 040623/9)
- Recognition by Social Services as a Service Provider
- 2007 Winner of the FNB/Wesbank Islamic Finance Business Awards: CSI

SANZAF: Our Status and Milestones

#### SANZAF



changing lives through development and relief

sanzaf.org.za

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

T: 033 397 9133/4 F: 086 275 0907

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

E pmb@sanzaf.org z

### SANZAF

#### The Administration for the Collection and Distribution of Zakáh and Sadaqát

changing lives through development and relief

sanzaf.org.za

RE: Declaration of Faith

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

ID Number: x 8/06 2/3 5202 089 Recipient Sign:

Mashura Witness 1: \_\_\_

Māshura Witness 2:

Mashura Witness 3: \_\_

Mashura Witness 4: \_\_

/yadally (PMB Administrator)

#### SANZAF: Our Status and Milestones

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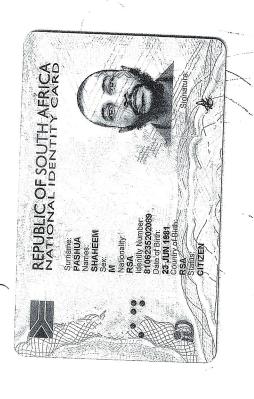
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MEDERANKA TALCENTRE BRANGS CODES ZAKARIAGGOUNTING akteuterei) EFFINKEET! REFE YOUR NIVAH (eg ZAKAHISADAQAH) 

# SOUTH AFRICAN NATIONAL ZAKAH FUND ASSISTANCE APPLICATION FORM



CLIENTS PARTICULARS	FILE DETAILS
Surname Pashya	File Number
First Name Shaheem	
Muslim Name	Referred by Contact No.
Legal Status	Case Worker
Building Name	Case Worker
Street Name 19 APPAVOO CRESCENT	Tel (Home)
Area/City NORTHDALE M3.	Tel (Work)
Landmark NEAR DEBBIE PCACE	Cell 067 016 9097
Landlord Name MARK HARIPRES AD	Landlord Tel
Assistance Requested & Needs/	
Food Rent Water Electricity Transport Medical Clothin	
Matric Student School Unemployed Adult Unemployed You	
Prob. Primary School Prob Primary Madressa Prob. Adult Islan	
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	lomeless/Shelter Empowerment Skills Trainin
The state of the s	ement Mental Counselling Depression
Tallet of Titlatice	Hawking Home Industry
Substance Abuse: Adult   Youth   Females	
Intervention	
	ne and my 4 daughters
Im a single dad cutting gras	
Channal Air late	ater is limited which i need
Reason for the need arising	ne paith.
Im unemployed and go, door to	door, daily looking
	cannesburg and have no
	me in any way
Impact/Desired/Update/Progress	
C.V. form for employment completed Yes No	Nad African Course Cour
Details of Persons residing Who may influence impact on family	
(alaille in Caratha in alanda 1)	er organisations and role players (family & friend can influence impact
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## SANZAF BENEFICIARY CONSENT TO DISCLOSURE OF INFORMATION



the undersigned

ID Number: x 810623 \$202 089

- 1. Confirm that I have furnished SANZAF with certain personal information for purposes relating to my application for assistance;
- 2. Consent to SANZAF processing my information for all purposes related to the processing and subsequent administration should my application be approved and further as more fully set out in SANZAF's Privacy Notice. I confirm that I have read, understand and consent to the processing of my information in accordance therewith.
- 3. acknowledge that I have been advised that funds allocated for distribution have been donated by private entities and/or persons who may require feedback as to how their funds were allocated for internal reporting purposes and/or BBBEE compliance purposes. I hereby consent to the disclosure of my personal information to said persons;
- 4. further agree that this consent will relate to all further communication/requests for information received from donors referred to above;
- 5. confirm that my consent is furnished voluntarily and understand the content and implications hereof; and

I will not hold SANZAF, its employees or agents liable for the consequences of disclosing my personal information as set out herein.

Signed at SANZAF PMB	Date: 14/03/25
X	
Beneficiary Signature	
Witness Name	
2	Witness Signature:

