

2054.

SANZAF RECORDING SHEET

ADMIN SIGN

[illegible]

NAME: SHAHEEM PASHUA

PMB NO:

ADMINISTRATOR SIGNATURE



SHURA DECISION	
DATE: 14-03-25	CASEWORKER: A. MALIK
ELECTRICITY& WATER -	
RENTAL -	
BURSARY -	
TRANSPORT -	
ASTHMA PUMPS	
MEDICAL/SELFHELP -	
CODE -	ORDER NOTE:
09149	
SHURA DECISION (Include T&C -	
DATE -	14-03-25
SIGN -	
REF -	EFT#

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

SHURA DECISION	
DATE: 09-05-25	CASEWORKER: A. MALIK
ELECTRICITY& WATER -	
RENTAL -	
BURSARY -	
TRANSPORT -	
ASTHMA PUMPS	
MEDICAL/SELFHELP -	
CODE -	ORDER NOTE:
09244	
SHURA DECISION (Include T&C -	
DATE -	09-05-25
SIGN -	
REF -	EFT#

SHURA DECISION	
DATE:	CASEWORKER:
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DATE -	
SIGN -	
REF -	

PMWO -

SHURAH REQUEST & OUTCOME					
NAME	SHAHBAZ PASHUA		14-03-25	FILE NO:	WORKER
SURNAME			DATE:	FILE NO:	WORKER
REQUEST	AMOUNT	GIVEN	AMOUNT	SHURA DECISION :	
RENTALS					
W/ELEC					
TRAVEL					
MEDICAL					
VOUCHER					
SCHOOL FEES				09.05.25 5796. R1600-00	
SELF HELP					
REMARKS	TOTAL GIVEN		SHURAH TEAM MEMBER SIGN		
NAME				FILE NO:	WORKER
SURNAME			DATE:	FILE NO:	WORKER
REQUEST	AMOUNT	GIVEN	AMOUNT	SHURA DECISION :	
RENTALS					
W/ELEC					
TRAVEL					
MEDICAL					
VOUCHER					
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SELF HELP					
REMARKS	TOTAL GIVEN		SHURAH TEAM MEMBER SIGN		
NAME				FILE NO:	WORKER
SURNAME			DATE:	FILE NO:	WORKER
REQUEST	AMOUNT	GIVEN	AMOUNT	SHURA DECISION :	
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SELF HELP					
REMARKS	TOTAL GIVEN		SHURAH TEAM MEMBER SIGN		
NAME				FILE NO:	WORKER
SURNAME			DATE:	FILE NO:	WORKER
REQUEST	AMOUNT	GIVEN	AMOUNT	SHURA DECISION :	
RENTALS					
W/ELEC					
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MEDICAL					
VOUCHER					
SCHOOL FEES					
SELF HELP					
REMARKS	TOTAL GIVEN		SHURAH TEAM MEMBER SIGN		

AS PER ISMAIL

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

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

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)

x Shaheem Ishaq

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

والسلام عليكم ورحمة الله وبركاته

x [Signature]

Signature of Recipient

x 16/03/25

Date

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

**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.)**

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

**The Administration for the Collection
and Distribution of Zakah and Sadaqat**

SANZAF



DATE: x 14/03/25

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NPO 007-160 PBO 930001714

RE: Declaration of Faith

x Shaheem Rashua

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

ID Number: x 8/06 23 5202 089

Recipient Sign: x [Signature]

Mashura Witness 1: _____

Mashura Witness 2: _____

Mashura Witness 3: _____

Mashura Witness 4: _____

[Signature]
iyadally
(PMB Administrator)

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(eg. ZAKAH, SADAQAH,
LILLAH OR ADMIN.)

SOUTH AFRICAN NATIONAL ZAKAH FUND ASSISTANCE APPLICATION FORM



CLIENTS PARTICULARS

Surname Pashua

First Name Shaheem

Muslim Name _____

Legal Status _____

Building Name _____

Street Name 19 APPAVOO CRESCENT

Area/City NORTHOALE PMB

Landmark NEAR PEBBIE PLACE

Landlord Name MARK HARIBESAD

FILE DETAILS

File Number _____

Referred by _____

Contact No. _____

Case Worker _____

Tel (Home) _____

Tel (Work) _____

Cell 067 016 9097

Landlord Tel _____

Assistance Requested & Needs/Interventions Identified

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

Intervention

I'm struggling with food for me and my 4 daughters
I'm a single dad cutting grass and doing pressure
cleaning. Our lights are cut and water is limited which I need
help with.

Reason for the need arising

I'm unemployed and go door to door daily looking
for any work. I'm formally from Johannesburg and have no
family here or there that can assist me in any way

Impact/Desired/Update/Progress

C.V. form for employment completed ☐ Yes ☐ No

Details of Persons residing with Applicant

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

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

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD



Surname:
PASHUA
Names:
SHAHEEM
Sex:
M

Nationality:
RSA
Identity Number:
8106235202089
Date of Birth:
23 JUN 1981
Country of Birth:
RSA
Status:
CITIZEN



Signature

**SANZAF BENEFICIARY CONSENT TO DISCLOSURE OF
INFORMATION**



1. Shaheen Pashua the undersigned ID Number: x 810623 5202 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

Witness Signature:

3. SUPPLIER'S NOTE:
For Sanzaaf to effect payment to you, please, accept only an original, signed, authorised Order Note.

LIVERY NOTE NO.:
AUTHORISED BY:

ADDRESS:
ADDRESS:

RECEIPT'S NAME:
TIME ORDER PLACED:
ORDER PLACED WITH:

INVOICE NO.:

PHONE:

PAYMENT TERMS ARRANGED:
ORDER PLACED BY:

ASKA

PASHUA

1. STREFFLO 25/USD HFA
TUBALHAFER 160 11.5

SANZAF DEPARTMENT NAME:
THE FOLLOWING:

TO MIS:

NAME:

ZAKAH

PHARMACY

ROYAL

PHONE:

DATE:

14-03-25

VAT NO. 4320215348

ORDER
09149

SOUTH AFRICAN NATIONAL
ZAKAH FUND

