SANZAF RECORDING SHEET

ADMIN SIGN _____

DATE	ASSISTANCE RENDERED	AMOUNT	CRV NO.
	Bal b/f	R21 179-00	
09.03.24	voucher	R1500-00 ✓	
"	Diapers	R165-00 ✓	
04.04.24	Diapers	R165-00 ✓	
06.04.24.	Baby hamper	R180-00 ✓	
"	Voucher.	R300-00 ✓	77.
	Total	R24 089-00	
07/05/24	voucher	R1500-00 ✓	251
"	Diapers	R165-00 ✓	
06.5.24	Diapers	R165-00 ✓	
" 01.24	voucher	R2000-00 ✓	2121
02.07.24	voucher	R1500-00 ✓	698
"	Diapers XXL.	R165-00 ✓	
25/02/25	Voucher (MAR)	R500-00 ✓	7554
23-04-25	L ACC	R2000-00 ✓	
05/05/25	Voucher (MAY)	R1500-00 ✓	4485.
26/05/25	L ACC (MAY)	R1760-00 ✓	
GRAND TOTAL :			

10yrs-13
7yrs-13
6yrs-13

SANZAF RECORDING SHEET

ADMIN SIGN _____

DATE	ASSISTANCE RENDERED	AMOUNT	CRV NO.
6/10/22	Voucher	R1500-00 ✓	1531
	TOTAL	R 1500-00	
01.12.22	Voucher	R1500-00	
11	Diapers x3XL	R195-00 ✓	0138.
	TOTAL	R 3195	
10.1.23	Diapers. L x 3	R174-00.	
	TOTAL	R3369-00	
30/01/23	Voucher	R1500-00 ✓	
01.02.23.	Diapers	R2340 ✓	6109
	TOTAL	~~R5103-00~~	
		~~R 2334-00~~	
02.3.23	Diapers x1.	R234-00 ✓	
09.03.23	Diapers ~~x~~ L (6packs)	R348-00	
10.3.23	Voucher	R1500-00 ✓	122.
	TOTAL	718500	
03/04/23	Diapers xL	R234-00 ✓	
03/04/23	Ramadhan voucher (3x300)	R900-00 ✓	
	TOTAL	R8319-00	
18/04/23	Fitra Voucher	R500-00 ✓	1549
	TOTAL	R8819-00	
3.5.23	Diapers x1 x3	R195-00 ✓	
9.5.23	voucher	R1500-00 ✓	39384
16.5.23.	Diaper x2 x3	R195-00 ✓	
26.5.23.	2 Acc	R1500-00 ✓	
	Total	R12 209-00.	
01.6.23.	Diapers x2 x3	R165-00 ✓	
	TOTAL	R12374-00	
21.06.23	Diaper x2 x3	R165-00 ✓	
	TOTAL	R12539-00	
11/07/23	Voucher	R2000-00 ✓	24960.
12/07/23	Diapers xL x3	R165-00 ✓	
8.8.23	Diaper x2 x3	~~R~~ R165-00 ✓	
13/09/23	~~xxx~~ Diapers x XL	R 165-00 ✓	
21.09.23	voucher	R2000-00 ✓	546
	Total	R16854-00-	
03.10.23	Diapers x2 x3	R165-00 ✓	
GRAND TOTAL:			

08-11-23 Voucher R2000-00 629

Rice and sugar

NAME: Hajra Essop.

PMB NO:

ADMINISTRATOR SIGNITURE:

SHURAH DECISION SAF001	
DATE 26.5.23	CASEWORKER: H. Adi2.
ELECTRICITY & WATER ---	R1500-00
RENTAL ---	
BURSARY ---	
TRANSPORT ---	Casemaster update 29.5.23 HA
MEDICAL / SELF HELP ---	
CODE ---	2000/004
Shurah Decision(include T&C)	
DATE	26.5.23.
SIGN:	
REF:	EASY PAY

SHURAH DECISION SAF	
DATE:	CASEWORKER:
ELECTRICITY & WATER ---	
RENTAL ---	
BURSARY ---	
TRANSPORT ---	
MEDICAL / SELF HELP ---	
CODE ---	
Shurah Decision(include T&C)	
DATE	
SIGN:	
REF:	

SHURAH DECISION SAF001	
DATE: 23-04-25	CASEWORKER: A MALIK
ELECTRICITY & WATER ---	R2000-00
RENTAL ---	
BURSARY ---	Captured.
TRANSPORT ---	
MEDICAL / SELF HELP ---	
CODE ---	2000/004
Shurah Decision(include T&C)	
DATE:	
SIGN:	EASY PAY.
REF:	

SHURAH DECISION SAF001	
DATE:	CASEWORKER:
ELECTRICITY & WATER ---	
RENTAL ---	
BURSARY ---	
TRANSPORT ---	
MEDICAL / SELF HELP ---	
CODE ---	
Shurah Decision(include T&C)	
DATE:	
SIGN:	
REF:	

SHURAH DECISION SAF001	
DATE: 26/05/25	CASEWORKER: A MALIK
ELECTRICITY & WATER ---	R1760-00
RENTAL ---	
BURSARY ---	Captured
TRANSPORT ---	
MEDICAL / SELF HELP ---	
ODE ---	2000/004
urah Decision(include T&C)	
TE: 26/05/25	
N:	
:	EASYPAY.

SHURAH DECISION SAF001	
DATE:	CASEWORKER:
ELECTRICITY & WATER ---	
RENTAL ---	
BURSARY ---	
TRANSPORT ---	
MEDICAL / SELF HELP ---	
CODE ---	
Shurah Decision(include T&C)	
DATE:	
SIGN:	
REF:	

SHURAH REQUEST & OUTCOME

NAME SURNAME	HASINA ESSOP	DATE: 18/2/25	FILE NO: 1594	WORKER

REQUEST	AMOUNT		GIVEN	AMOUNT	SHURA DECISION :
RENTALS					
W/ELEC					OK FOR DIAPERS ONGOING
TRAVEL					
MEDICAL					
VOUCHER ✓				R1500	MARCH MAY 2025
SCHOOL FEES					
SELF HELP					
TOTAL REQ			TOTAL GIVEN	SHURAH TEAM MEMBER SIGN	Rashida

NAME SURNAME		DATE: 8/5/2025	FILE NO:	WORKER

REQUEST	AMOUNT		GIVEN	AMOUNT	SHURA DECISION :
RENTALS					
W/ELEC	R4220			R2000	APRIL 2025
TRAVEL					
MEDICAL					* TO APPLY FOR INDIGENT
VOUCHER					
SCHOOL FEES					
SELF HELP					
TOTAL REQ			TOTAL GIVEN	SHURAH TEAM MEMBER SIGN	G Moodley

NAME SURNAME		DATE: 6/5/25	FILE NO:	WORKER

REQUEST	AMOUNT		GIVEN	AMOUNT	SHURA DECISION :
RENTALS					
W/ELEC	✓ 3760			R1760	MAY 2025
TRAVEL					
MEDICAL					
VOUCHER					
SCHOOL FEES					
SELF HELP					
TOTAL REQ			TOTAL GIVEN	SHURAH TEAM MEMBER SIGN	G. Moodley

NAME SURNAME		DATE:	FILE NO:	WORKER

REQUEST	AMOUNT		GIVEN	AMOUNT	SHURA DECISION :
RENTALS					
W/ELEC					
TRAVEL					
MEDICAL					
VOUCHER					
SCHOOL FEES					
SELF HELP					
				SHURAH TEAM	

open file!

SHURAH REQUEST & OUTCOME

NAME SURNAME	HASRA ESSOP			DATE: 6/10/22	FILE NO:	WORKER
REQUEST	AMOUNT		GIVEN	AMOUNT	SHURA DECISION :	
RENTALS					OK FOR VOUCHER	
W/ELEC					ON GOING R1500	1531
TRAVEL						
MEDICAL					OK FOR DIAPERS	
VOUCHER					ONGOING	
SCHOOL FEES					~~1531~~	
SELF HELP						
TOTAL REQ			TOTAL GIVEN	SHURAH TEAM MEMBER SIGN		

NAME SURNAME				DATE: 9/3/23	FILE NO:	WORKER
REQUEST	AMOUNT		GIVEN	AMOUNT	SHURA DECISION :	
RENTALS						
W/ELEC						
TRAVEL						
MEDICAL						
VOUCHER	✓			R2000	MARCH / MAY / JULY	
SCHOOL FEES					MUMS XL DIAPERS	
SELF HELP						
TOTAL REQ			TOTAL GIVEN	SHURAH TEAM MEMBER SIGN		

NAME SURNAME				DATE: 25/5/~~22~~23	FILE NO:	WORKER
REQUEST	AMOUNT		GIVEN	AMOUNT	SHURA DECISION :	
RENTALS						
W/ELEC ✓			R1500		OK FOR LIGHTS	
TRAVEL					R1,500	
MEDICAL						
VOUCHER						
SCHOOL FEES						
SELF HELP						
TOTAL REQ			TOTAL GIVEN	SHURAH TEAM MEMBER SIGN		F. Kuhn

NAME SURNAME				DATE: 21/9/2023	FILE NO:	WORKER
REQUEST	AMOUNT		GIVEN	AMOUNT	SHURA DECISION :	
RENTALS						
W/ELEC					Voucher Approved	
TRAVEL					R2000 Sept + Nov + Jan	
MEDICAL						
VOUCHER	2000			2000		
SCHOOL FEES						
SELF HELP						
TOTAL REQ			TOTAL GIVEN	SHURAH TEAM MEMBER SIGN		21/9/23

SHURAH REQUEST & OUTCOME

NAME SURNAME			DATE: 6/10/22	FILE NO:	WORKER
REQUEST	AMOUNT	GIVEN	AMOUNT	SHURA DECISION :	
RENTALS				OK FOR DIAPORS. ONGOING.	
W/ELEC					
TRAVEL					
MEDICAL					
VOUCHER					
SCHOOL FEES					
SELF HELP					
TOTAL REQ		TOTAL GIVEN	SHURAH TEAM MEMBER SIGN		

NAME SURNAME			DATE: 11.10.22.	FILE NO:	WORKER H.A212.
REQUEST	AMOUNT	GIVEN	AMOUNT	SHURA DECISION :	
RENTALS					
W/ELEC					
TRAVEL					
MEDICAL					
VOUCHER ✓					
SCHOOL FEES					
SELF HELP					
TOTAL REQ		TOTAL GIVEN	SHURAH TEAM MEMBER SIGN		

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

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

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

SANZAF

The Administration for the Collection and Distribution of Zakáh and Sadaqát

SOUTH AFRICAN NATIONAL ZAKAH FUND Est. 1974

DATE: 06/10/22

changing lives through development and relief

sanzaf.org.za

NPO 007-160 PBO 930001714

RE: Declaration of Faith

I Fatima Essop .

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

ID Number: 9301120418081

Recipient Sign: Essop

Mashura Witness 1:

Mashura Witness 2:

Mashura Witness 3:

Mashura Witness 4:

adally
(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 Zakáh and Sadaqát

SANZAF

SOUTH AFRICAN NATIONAL ZAKAH FUND Est 1974

changing lives through development and relief

sanzaf.org.za

NPO 007-160 PBO 930001714

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) _____

I, _____

_____

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

والسلام عليكم و رحمة الله و بركاته

_____ 01/10/22

Signature of Recipient Date

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
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8. 2007 Winner of the FNB/Wesbank Islamic Finance Business Awards: CSI category

We Are Committed To The Economic, Educational, Spiritual And Social Upliftment Of The Underprivileged

(URGENT.)

SAF001

HOME VISIT REPORT

THIS DOCUMENT MUST BE COMPLETED AND SIGNED OFF BY THE PERSON CONDUCTING THE HOME VISIT.

PERSONAL PARTICULARS

Beneficiary Name: HAJRA ESSOP.
ID Number:
Tel / Cell: 067 110 5406.
Address: 67 NULLIAH ROAD.

DETAILS OF PERSONS WHO CONDUCTED HOME VISIT

Name #1: GOOLAM HOOSEN MOOLLA.
Tel / Cell:
Name #2: KHALID BAIG.
Tel / Cell:
Date of Visit: 12:17.
Time of Visit: 06/12/2022.

FINDINGS BY PERSON CONDUCTING HOME VISIT

APPLICANT HAJRA ESSOP (67YRS) RENTS THIS HOUSE FATHIMA ESSOP (DAUGHTER 29YRS) SON MUNAF KHALIFA 37YRS WORKING AT UCT. WIFE NAZEERA 26YRS. UNEMPLOYED AND THREE CHILDREN. APPLICANT RECEIVE GRANT R2705.00 MUNAF EARNS R4000.00 AND CHILD SUPPORT FOR 3 CHILDREN R1200.00. REQUESTING ASSISTANCE FOR LIGHTS + GROCERIES + DIAPERS. RENTAL R340.00.

CASE WORKER RECOMMENDATIONS

OIC FOR PARTIAL ASSISTANCE WITH LIGHTS.
OIC FOR ONGOING VOUCHER ASSISTANCE R1500.00

DECISION

stamp here

SOUTH AFRICAN NATIONAL ZAKAH FUND
ASSISTANCE APPLICATION FORM

CLIENTS PARTICULARS

Surname ESSOP

First Name ~~RAHIMA~~ HAJRA.

Muslim Name

Legal Status

Building Name

Street Name 67 NULLIAH ROAD

Area/City NORTHDALE

Landmark OPP. FIELD CIRCLE

Landlord Name FAREL NOORMOHAMED

FILE DETAILS

File Number

Referred by

Contact No.

Case Worker

Tel (Home)

Tel (Work)

Cell 067 110 5406

Landlord Tel 082 655 6050

Assistance Requested & Needs/Intervensions 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

Intervention

Reason for the need arising

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 & friends) who can influence impact

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I.D.No. 930112 0415 08 1

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
ESSOP

VOORNAME/FORENAMES
FATHIMA

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH
1993-01-12

DATUM UITGEREIK
DATE ISSUED
2009-05-19

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

15854

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I.D.No. 550809 0834 18 2

NIE S.A.BURGER/NON S.A.CITIZEN

VAN/SURNAME

ESSOP

VOORNAME/FORENAMES

HAJRA

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

INDIA

GEBOORTEDATUM/
DATE OF BIRTH

1955-08-09

DATUM UITGEREIK
DATE ISSUED

1994-10-18

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR GENERAL:
HOME AFFAIRS

Hawa ENOP

SOUTH AFRICAN NATIONAL ZAKAH FUND

DATE	RECORDING SHEET
09.07.24	File was suspended 24.06.24.
	However a voucher and diapers were given
	out on 02.07.24.
	~~Bilal~~.
8/5/2025	NAZIRA CAME IN REQUESTING HELP WITH
	LIGHT A/C - CURRENT ACCOUNT AT R4220.
	NAZIRA REQUIRES HELP WITH R2000,
	HER REASON FOR NOT BEING ABLE TO
	PAY IN FULL BECAUSE OF KIDS GETTING
	ILL. R1500 EXCLUDING MEDS WAS SPENT ON
	KIDS.
	* APPROVED R2000.

SAFOD

HOME VISIT REPORT

THIS DOCUMENT MUST BE COMPLETED AND SIGNED OFF
BY THE PERSON CONDUCTING THE HOME VISIT.

PERSONAL PARTICULARS

Beneficiary Name: Hasra Esop

ID Number:

Tel / Cell:

Address: 67 Nullah Rd.

DETAILS OF PERSONS WHO CONDUCTED HOME VISIT

Name #1: Goolam

Tel / Cell:

Name #2: Ismail

Tel / Cell:

Date of Visit: 24/6/2024

Time of Visit: 11:25

FINDINGS BY PERSON CONDUCTING HOME VISIT

FILE SUSPENDED -

REASON: RECIPIENTS DAUGHTER SAID SHE DOES NOT HAVE KEYS TO OPEN GATE TO GAIN ENTRY ONTO PROPERTY FOR A HOME VISIT

CASEWORKER RECOMMENDATIONS

DECISION

stamp here