

2057



NAME: AMINA SAIB

ADMINISTRATOR SIGNATURE

PMB NO:

SHURA DECISION
DATE: 27/05/25 CASEWORKER: A-MALIK
ELECTRICITY& WATER - R400-00 (MAY)
RENTAL -
BURSARY -
TRANSPORT - Captured
MEDICAL/SELFHELP -
CODE - 2000/004
SHURA DECISION (Include T&C -
DATE - 27/05/25
SIGN -
REF - Prepaid

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

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

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CODE -
SHURA DECISION (Include T&C -
DATE -
SIGN -
REF -

SHURAH REQUEST & OUTCOME

NAME SURNAME	AMINA SAIB		DATE:	FILE NO:	WORKER
	AMOUNT	GIVEN	AMOUNT	SHURA DECISION :	
RENTALS					
W/ELEC	✓	R400		MAY, JUNE, JULY	
TRAVEL					
MEDICAL					
VOUCHER	✓	R1000		MAY, JULY, SEP	
SCHOOL FEES					
SELF HELP					
		TOTAL GIVEN	SHURAH TEAM MEMBER SIGN	Halla Rafick	

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

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RENTALS					
W/ELEC					
TRAVEL					
MEDICAL					
VOUCHER					
SCHOOL FEES					
SELF HELP					

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

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

DATE: 27/5/2025

SANZAF



*changing lives through
development and relief*

sanzaf.org.za

NPO 007-160 PBO 930001714

RE: Declaration of Faith

Amina Saib

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

ID Number: 721121 0245 086

Recipient Sign: _____

Mashura Witness 1: [Signature]

Mashura Witness 2: [Signature]

Mashura Witness 3: _____

Mashura Witness 4: _____

[Signature]
/yadally
(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

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

SANZAF



*changing lives through
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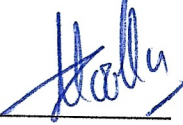
sanzaf.org.za

NPO 007-160 PBO 930001714

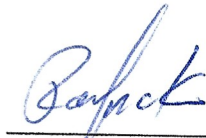
Dear Mr/Mrs/Br./Sr. _____

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

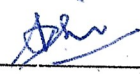
Zakaah committee

Administrator(SANZAF PMB)

I, AMINA SAIR

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

27/5/2025

Date

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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.)

HOME VISIT REPORT

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



PERSONAL PARTICULARS

Beneficiary Name AMINA SAIB
 ID Number _____
 Tel / Cell _____
 Address: 5 BANYAN CRESENT

DETAILS OF PERSONS WHO CONDUCTED HOME VISIT

Name #1: GODAM MOOLLA
 Tel / Cell: 061 394 0162
 Name #2: WAHEDA APA
 Tel / Cell: _____
 Date of Visit: _____
 Time of Visit: _____

FINDINGS BY PERSON CONDUCTING HOME VISIT

AMINA APA WAS LIVING IN TOWN - RECEIVING HELP FROM
 JAMIAT. NOW FAMILY MOVED HER TO BANYAN CRES, RENT FREE.
 DAUGHTER HAS MOVED TO DURBAN - LIVING ALONE
 ONLY TO PAY FOR PREPAID ELECTRICITY, AND FOOD.
 CURRENTLY LIVING IN BANYAN CRESENT FOR A YEAR

HEALTH ISSUES: BP, LUMP ON BREAST + KIDNEY PROBLEM

REQUEST FOR: PREPAID ELECTRICITY & FOOD VOUCHER

CASEWORKER RECOMMENDATIONS

DECISION

stamp here

SOUTH AFRICAN NATIONAL ZAKAH FUND ASSISTANCE APPLICATION FORM

CLIENTS PARTICULARS

Surname SAB
 First Name AMINA
 Muslim Name _____
 Legal Status _____
 Building Name _____
 Street Name S BANYAN CRESENT
 Area/City PMBURG
 Landmark _____
 Landlord Name FAMILY HOME

FILE DETAILS

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

Assistance Requested & Needs/Interventions Identified

☒ Food ☐ Rent ☒ Water/Electricity ☐ Transport ☐ Medical ☐ Clothing ☐ Debt ☐ Children ☐ Education ☐ Basic ☐ Hig
☐ Matric Student ☐ School ☐ Unemployed Adult ☐ Unemployed Youth ☐ Basic Issues ☐ Prob. Nursery School ☐ Soc
☐ Prob. Primary School ☐ Prob Primary Madressa ☐ Prob. Adult Islamic ☐ Prob. Adult Literary ☐ Aged/Disabled/Alo
☐ Aged/Disable/Fam. ☐ Aged/Disable/Inst. ☐ Domestic Violence ☐ Homeless/Shelter ☐ Empowerment ☐ Skills Train
☐ 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 NEED HELP WITH FOOD & PREPAID ELECTRICITY

Reason for the need arising CURRENTLY UNEMPLOYED - FAMILY ALLOWING ME TO LIVE RENT FREE REFERRED BY JAMIAT - LETTER ENCLOSED

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)

BIRMINGHAM DISTRIBUTORS CC

P O BOX 197

PIETERMARITZBURG
3200

8/14 BIRMINGHAM ROAD

WILLOWTON, PIETERMARITZBURG
3201

PHONE 033 3902581

FAX 033 3901338

VAT REGISTRATION NO: 4740152899

CK No. 1995/04184423

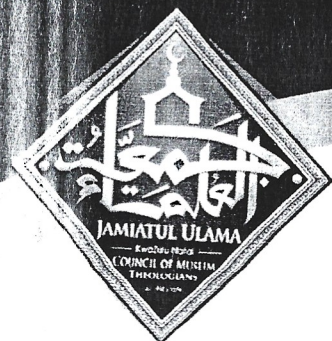
4 July 2006

TO WHOM IT MAY CONCERN

This letter serves to confirm that AMINA SAIB, I.D. No. 721121 0245 086 is employed by the company for two months and she earns a salary of R1200.00 per month.

Yours faithfully,


.....
M BALIRAJ



JAMIATUL ULAMA

— KwaZulu-Natal Midlands - Pietermaritzburg —
COUNCIL OF MUSLIM THEOLOGICALS

03 Ramadaan 1446 / 04 February 2025

34 Simeon Road
Raisethorpe
Pietermaritzburg
3201

To whom it may concern:

Assalaamu'alaikum Warahmatullahi Wabarakaatuhu

This confirms that Amina Saib, ID No.: 7211210245086 lived at 2 Sony Flats, 536 Church Street in Town until December 2023, during which time she was assisted by our Welfare Department with her Rent & Groceries.

We support her application as she is unemployed, has no living Male family members to assist her, and is facing financial distress.

We thank you in advance for your kind cooperation, and assistance in this regard.



Kind Regards

Muhammed Bhayla
Assistant Secretary

+27 33 394 3809

+27 33 394 3806

jamiatmidlands@telkomsa.net

P.O.Box 8810 Cumberwood 3235, Pietermaritzburg 3201

Suite 3 Community Building, 518 Church St, Pietermaritzburg, KwaZulu-Natal South Africa

I.D.No. 721121 0245 08 6



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

SAIB

VOORNAME/FORENAMES

AMINA

GEOORTE/DISTRIK OF -LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTE/DATUM/
DATE OF BIRTH

1972-11-21

DATUM UITGEREIK
DATE ISSUED

1995-01-16

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS



5 BANYAN ROAD

PREPAID

07120209593

[07120209593]

200

TIENZ AL AL ... 0 2 1 17 2 0