

32 Onan Road, The Galaxy, Singapore 424484 Tel: 6348 8344 Fax: 64406724 info1@darul-arqam.org.sg www.darul-arqam.org.sg

ZAKAT / DONATION FORM

FULL NAME	:		
RESIDENTIAL ADDR	ESS :	Singapore (١
CONTACT	: (Home)	(Mobile)	
EMAIL ADDRESS	· (nome)	(ividenc)	
NRIC / FIN	:		
•			
	ZAKAT		
Enclosed herewith is	s my Zakat contribution for this year:		
1. Muallaf (Conve	rts) only	\$\$	
2. Other Asnaf:	Fisabilillah	\$ \$	
	Amil	\$ \$	
	Fakir, Miskin	\$ \$	
	Gharimin, Ibnussabil & Riqab	S \$	
	Total	S\$	
3. For all Asnaf, as per Darul Arqam Singapore's disbursement		S \$	
	DONATION		
I wish to donate		\$ \$	
	FIDYAH		
I wish to pay my fidy	yah	s \$	
			_
May Allah (SWT) rev	ward you for your contribution, purify your good	Iself and your remaining	
possessions.			
-1 <i>(</i>			
Please offer your ni	at (intention) before posting this form.		
Payment hy cheaue	is to be made payable to "The Muslim Converts"	' Association of Singapore"	
Please do not enclos		Association of Singapore .	
rieuse do not enclos	e cusii.		
We represent to, warrant a	and undertake with the Muslim Converts' Association of Singapore	e that collective consents have been obtain	ied
_	erts' Association of Singapore to collect, use, process and disclo		
terms and conditions as sta	ted in the Muslim Converts' Association of Singapore Personal Date	ta Protection Policy available on our websit	e.
	Thank you.		
	·		—
FOR OFFICIAL USE			
Receipt No :	Date :		
Received By :	Signature :		