



# MUSJID AL HILAL NIKAH APPLICATION FORM

DATE: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: AFTER \_\_\_\_\_ SALAAH

PERSON PERFORMING NIKAH:
CONTACT NUMBER/S:

**NIKAHs ON FRIDAY AFTER ASR WILL HAVE TO BE PERFORMED AFTER THE SHUBGUZARIE BAYAAN i.e. BEFORE MAGHRIB SALAAH**

ISLAMIC			
DATE	DAY	MONTH	YEAR
ENGLISH			

GROOMS FATHER:	BRIDES FATHER:
CONTACT NUMBER/S:	CONTACT NUMBER/S:

**PLEASE FILL DETAILS BELOW ACCORDING TO IDENTITY DOCUMENT**

	SURNAME	FORENAME/S	AGE	IDENTITY NUMBER																			
BRIDEGROOM																							
BRIDE																							
REPRESENTATIVE OF BRIDE																							
WITNESS 1																							
WITNESS 2																							

	PLACE OF BIRTH	CITIZENSHIP	PRESENT RESIDENTIAL ADDRESS
BRIDEGROOM			
BRIDE			
REPRESENTATIVE OF BRIDE			
WITNESS 1			
WITNESS 2			

OTHER WITNESSES

DOWRY: R _____	
PROMPT: <input type="checkbox"/>	DEFERRED: <input type="checkbox"/>

**FOR MORE INFORMATION CONTACT:**

**ML.AHMED SULEMAN KHATANI: 083 268 1786/ [molkat@gmail.com](mailto:molkat@gmail.com)**

**MUFTI YUSUF DESAI: 083 650 0971/ [yhmdesai@gmail.com](mailto:yhmdesai@gmail.com)**

**ML.OBAIDULLAH RAWAT: 082 390 4229/ [obaid@vodamail.co.za](mailto:obaid@vodamail.co.za)**

**ANWAR ARBI: 084 605 8856/ [anver.arbi@gmail.com](mailto:anver.arbi@gmail.com)**

**Telephone: 031 207 1869**

**Email: [info@alhilal.co.za](mailto:info@alhilal.co.za)**