

NIKAAH APPLICATION FORM

PLEASE ELL DETAILS ACCOPDING TO IDENTITY DOCUMENTS

DATE: DAY: _	DAY:			TIME	E: AFTER SA	ALAAH	
NIKAAHS on Friday after ASR will have to be performed after the SHUBGUZARIE BAYAAN i.e. BEFORE MAGHRIB SALAAH							
Person Performing Nikaah:			Cor	itact No.	:		
Grooms Father:			Cor	Contact No.:			
Brides Father:				Contact No.:			
BRIDEGROOM							
Surname:	Forename/s:				A	ge:	
ID Number:	Place of Birth:			Citizenship:			
Present Residential Address:							
BRIDE							
Surname:	Forename/s:				A	ge:	
ID Number:	Place of Birth:				Citizenship:		
Present Residential Address:							
REPRESENTATIVE OF BRIDE							
Surname:	Forename/s:					ge:	
ID Number:	Place of Birth:				Citizenship:		
Present Residential Address:							
WITNESS 1							
Surname:	Forena	me/s:		A	ge:		
ID Number:	Place of Birth:				Citizenship:		
Present Residential Address:							
WITNESS 2							
Surname:	Forename/s:					ge:	
ID Number:	Place of Birth: Citiz				Citizenship:		
Present Residential Address:							
OTHER WITNESSES							
Dowry: R	Prompt:		Deferred:	eferred: Would you require live streaming: Y N			