

Name of Applicant:		Age:					
Permanent Address:							
ID Number:							
Cell:		Home tel.:					
Email:		Local Musjid:					
Health Conditions:							
Have you completed the SUNNAH I'TIKAF before?:			YES	NO			
If yes, state year and name of Musjid?:							
Have you ever been active in any DEENI activities?:		YES	NO	Do you perform SALAAT with JAMAAT daily?:		YES	NO
Do have an Alim or Imam of Musjid willing to support your application for I'TIKAF ?			YES	NO			
If yes, state Referee name:		Referee Tel No.:					
Brief report on daily MA'MULAAT-TILAWAAT QUR'AAN, TASBEEH, DUA, TAHAJJUD, NAFL AMAAL etc.:							
What is your motivation for completing the SUNNAH I'TIKAF at MUSJID AL HILAL this year?:							

REGULATORY CONFORMANCE FOR APPLICATION OF I'TIKAF AT MUSJID AL HILAL

THE APPLICANT

- Should be above the age of 15, sane and able to understand rules and regulations, agreeing to abide by rules pertaining to the I'TIKAF at MUSJID AL HILAL.
- Is currently not on any substance abuse.
- Will not smoke cigarettes or any other substance within the Musjid building.
- Will not indulge in: unreasonably audible activity which may disturb other MU'TAKKIFEEN, arguments, debates, criminal activity or any such misbehaviour which compromises the sanctity of the I'TIKAF or MUSJID.
- Agrees not to use any cell phones, or any communication tool unless in emergency.
- Is a bonafide South African citizen or has obtained valid non fraudulent documentation in regards to his stay in the Republic.

I have understood the above and agree to abide by the rules set out at MUSJID AL HILAL.

I further understand that compromising any of these rules may jeopardise the completion of my stay during the SUNNAH I'TIKAAF at MUSJID AL HILAL.

SIGNATURE : _____ DATE: _____

OFFICIAL: DO NOT COMPLETE THIS SECTION

Applicant No.:		Rating:	
Comment:			
Approved:	YES	NO	Allocation: