

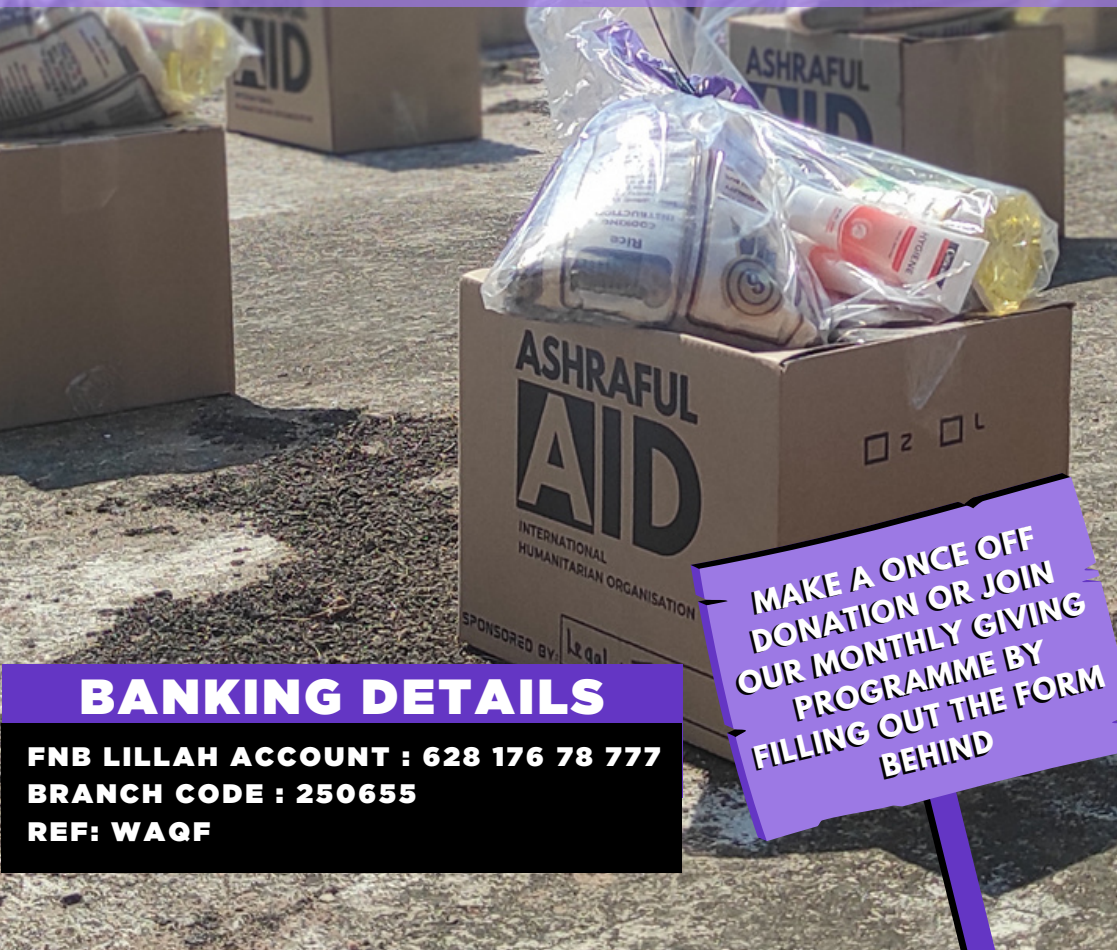
# WAQF IS A MEANS OF GIVING FOR ETERNITY

EARN SAWAAB E JAARIYAH

**ASHRAFUL**  
**AID**  
INTERNATIONAL  
HUMANITARIAN ORGANISATION

## YOUR WAQF DONATION REMAINS INTACT

THE PROFITS FROM INCOME GENERATING ACTIVITIES ARE USED TO SUPPORT CAUSES LIKE MASJIDS, MADRASSAHS, HOSPITALS, AND MORE.



MAKE A ONCE OFF DONATION OR JOIN OUR MONTHLY GIVING PROGRAMME BY FILLING OUT THE FORM BEHIND

## BANKING DETAILS

**FNB LILLAH ACCOUNT : 628 176 78 777**

**BRANCH CODE : 250655**

**REF: WAQF**

## DEBIT ORDER MANDATE

### A. Authority

Given by (name of Account Holder)			
ID Number			
Physical Address			
Postal Address			
Contact telephone number		Cell	
Email Address			

Bank			
Branch and Code			
Account Number			
Type of Account (tick)	Current (cheque) <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>
Amount			
Date of Monthly Debit			
To (name of beneficiary)	Madrasah Ashraful Uloom		
Type of Donation: Zakaat, Lillah, Sadaqah, Waqf			
Donation receipt required (tick)	<input type="checkbox"/> Non	<input type="checkbox"/> Receipt	<input type="checkbox"/> Section 18A Certificate

This signed Authority and Mandate refers to our contract dated \_\_\_\_\_ ("the Agreement").

I/We hereby authorise **Madrasah Ashraful Uloom** to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on \_\_\_\_\_ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above. The individual payment instructions so authorised is to be debited monthly.

### B. Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

Signature \_\_\_\_\_

Full names: \_\_\_\_\_

Kindly email completed to [finance@ashrafulaid.org](mailto:finance@ashrafulaid.org) or fax 0865676589