

# NASFAT AGENCY FOR ZAKAT AND SADAQAT

9/10 CMD Jubilee Road, Shangisha, Magodo, Lagos.

08090781759; 08090781760

www.nazas.org.ng, info@nazas.org.ng, [nazasagency@gmail.com](mailto:nazasagency@gmail.com)



RC:1167914

## APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Number of Dependants: \_\_\_\_\_

Academic Qualifications: \_\_\_\_\_

Employment Status: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Marital Status: Married  Single  Widow  Divorce

Your Islamic Organisation \_\_\_\_\_ Who introduced you to NAZAS?: \_\_\_\_\_

Have you applied to NAZAS before?:  No  Yes Who do you know in NAZAS?: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Have you or any of your immediate family member benefited from NAZAS (headquarter or Zone?)  No  Yes

(If yes where & when?) \_\_\_\_\_

*I agree that my details can be shared with other Zakat agency. (Please attach all documents that are relevant to your request)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: If you do not get feedback from NAZAS by December 31st of the year you applied, please reapply again.**

**ATTESTATION: (By Imam of your mosque or Amir /Chairman / Missionary of your organisation)**

I ..... Certify that the information provided on this form is true and accurate to the best of my knowledge.

Organisation / Mosque Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone No: \_\_\_\_\_

### FOR OFFICIAL USE ONLY:

#### Management

Category of the Applicant .....

Recommendation.....

Signature.....

Date.....

#### Technical Committee

Amount Recommended.....

Keep in View.....

Rejected.....

Signature..... Date.....