



# Masjid DarusSalam

## Zakat Scholarship Administration Consent Form

### Section 1: Identification

#### Personal Information:

Full Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(dd/mm/yyyy)

#### Residence Address:

Number/Street \_\_\_\_\_ City/Town \_\_\_\_\_  
State/Province/County \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

#### Additional Information:

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### Section 2: Declaration of Consent

Please initial (a) (b) as appropriate.

- (a) \_\_\_\_\_ I certify that I am eligible to receive zakat based on the requirements stated in the Zakat Eligibility Self-Certification Form
- (b) \_\_\_\_\_ I permit Masjid DarusSalam to receive zakat scholarships on my behalf
- (c) \_\_\_\_\_ I permit Masjid DarusSalam to administer my zakat scholarship funds

By signing below, I am stating that the information outlined above is accurate. I declare that the information provided in this form is to the best of my knowledge and belief, accurate and complete. I understand if I wish to retract or modify this consent, I will promptly do so in writing and remit it to DarusSalam Foundation.

Applicant's Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: (dd/mm/yyyy): \_\_\_\_\_