



ص.ب. 1081 ، ستراند ، 7140  
جنوب إفريقيا (+2721) 8560311

## Dar al-'Ulum al-'Arabiyyah al-Islamiyyah

P.O. Box 1081, Strand, Western Cape  
South Africa ☎ (+2721) 8560311

# APPLICATION FORM

### PERSONAL DETAILS

Surname \_\_\_\_\_ First name/s: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: \_\_\_\_\_ Years \_\_\_\_\_ Months

Father's name \_\_\_\_\_

Mother's name \_\_\_\_\_

Home address \_\_\_\_\_  
\_\_\_\_\_

Telephone no/s. \_\_\_\_\_

### VISA DETAILS (for foreign students)

Passport number \_\_\_\_\_

The applicant has been issued with a study visa by the South African embassy in \_\_\_\_\_

This visa expires on \_\_\_\_\_

### EDUCATIONAL RECORD

School attended \_\_\_\_\_

Highest standard passed \_\_\_\_\_ in the year \_\_\_\_\_

Further secular education \_\_\_\_\_

Level achieved \_\_\_\_\_ in the year \_\_\_\_\_

Madrasah attended \_\_\_\_\_

Level achieved \_\_\_\_\_ in the year \_\_\_\_\_

Further Islamic education \_\_\_\_\_

Level achieved \_\_\_\_\_ in the year \_\_\_\_\_

### HEALTH

Does the applicant suffer from any illness that would affect his studies or his stay at the institute? If yes, specify.

\_\_\_\_\_

## INDEMNITY

The applicant, or if he is a minor, his parent or guardian hereby indemnifies the institute against prosecution in the event of accidental injury at the institute.

Signature of applicant/parent/guardian \_\_\_\_\_

## FEES

*The monthly fee of the institute is R1500. Cross out the non-applicable words:*

- The applicant is ABLE / UNABLE to pay this sum.
- If ABLE, he will pay this sum in FULL / PART.
- If in PART, specify the amount: R \_\_\_\_\_

*Those who have undertaken to pay the fees, either in full or in part, will be furnished with periodical accounts.*

### Declaration by parent, guardian or sponsor:

I the undersigned, in my capacity as PARENT/GUARDIAN/SPONSOR of \_\_\_\_\_, hereby undertake to pay his fees as indicated here above.

Name \_\_\_\_\_ Signature \_\_\_\_\_

## TAWKEEL

*This section is to be signed by the applicant himself if he is mukallaf, and by his parent or guardian if he is not. Cross out the non-applicable words in capitals:*

The APPLICANT / THE APPLICANT'S PARENT / THE APPLICANT'S GUARDIAN hereby appoints the principal of the Dar al-'Ulum as his unfettered wakeel to receive and disburse of any funds, including zakah where there is eligibility, on behalf of the applicant.

Name \_\_\_\_\_ Signature \_\_\_\_\_

This application was completed and submitted on the \_\_\_\_\_ of \_\_\_\_\_ 2009/2010/2011/2012/2013.