



DĀR AL-'ULŪM AL-'ARABIYYAH AL-ISLĀMIYYAH

P.O.Box 1081 • Strand • Western Cape • South Africa • (021) 8369377

APPLICATION FORM

Surname: _____

Name: _____

Date of Birth: _____

Father's Name: _____

Mother's Name: _____

Home Address:

Telephone Nr: _____

VISA DETAILS (for foreign students only):

Passport Number: _____

Date on which student visa was issued: _____

Visa expires: _____

EDUCATIONAL RECORD: _____

School Attended: _____

Highest Standard Passed: _____ Year Obtained: _____

Further Secular Education: _____

Level Achieved: _____ Year Obtained: _____

Madrassah Attended: _____

Level Achieved: _____ Year Obtained: _____

Further Islāmic Education: _____

Level Achieved: _____ Year Obtained: _____

HEALTH

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

INDEMNITY

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

Signature of Applicant/Parent/Guardian: _____

FEES

The yearly tuition fee of the institute is R24 000. Cross out the non-applicable words:

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

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

Declaration by parent, guardian or sponsor:

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

Name: _____ Signature: _____

TAWKĪL

This application is to be signed by the applicant himself if he is mukallaf [legally accountable] and by his parent or guardian if he is not. Cross out the non-applicable words in capitals.

The APPLICANT/PARENTS OF THE APPLICANT/GUARDIAN OF THE APPLICANT hereby appoints the principal of the Dar al-`Ulūm to be its unfettered wakīl [agent] to receive and disburse zakāh or otherwise where there is eligibility on behalf of the applicant.

Name:

Signature:

This application was completed and signed on the _____ of

20_____.