



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.