



# Payment of Zakat al-mal

**Payer Type**  
 Individual    Company    Partnership    Cooperative society

**Name** *(To be completed by individuals only)*      **National ID Card Number**

*Title      First Name      Other Names*

**Name** *(To be completed by companies, partnerships and cooperative societies only)*      **Business Registration Number**

*Your name as it appears on your business registration certificate*

**Contact Details**

*Telephone      Mobile      Email Address*

**Address**

*House Name / Building Name      Level      Apartment Number      Street*

*Island / District      Atoll / City      Postcode      Country*

**Year** *(Hijri)*

Fill the "Personal" column if you are paying zakat for your personal wealth. Fill the "Business" column if you are paying zakat for your business wealth. Fill both columns if you are paying zakat for both.

	Personal		Business	
	MVR	USD	MVR	USD
<b>1 Zakat payable</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>2 Sadaqah</b> <i>(Fill this box only if you wish to make a Sadaqah)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3 Total payable (Sum of Boxes 1 and 2)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Declaration**

I declare that the information in this form is true and correct.

Name

       

Date

Signature & Seal

**For Office Use Only**

                       

*Received By      Received Date      Voucher Number      Verified By*