



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
1 Zakat payable	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Sadaqah <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"/>
3 Total payable <i>(Sum of Boxes 1 and 2)</i>	<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