

## ZAKAT APPLICATION FORM FOR STUDENT

Name :

Received date:

Paste your  
passport photo  
here

### A. APPLICANT'S REQUIREMENT

1. MUSLIM.
2. MALAYSIAN.
3. UNITAR STUDENT (MAIN CAMPUS ONLY)
4. FULL TIME STUDENT AND ACTIVE STATUS

### B. PROCEDURE TO COMPLETE APPLICATION FORM

1. Use **CAPITAL LETTER** to fill in the form and tick (/) where appropriate.

All applicants must attach a copy of the following documents (**verified – refer "List of Approve Verifiers" table**) together with the application form:

i. A copy of Student's Identity Card (NRIC)

ii. A copy of Student's Matric Card

iii. A passport photo\*

iv. Latest parents/ guardian income statement:

a) **Income statement** (Parents/ Guardian) or

b) **Pension statement** (Parents/ Guardian) or

c) **Income verification letter**

[should be provided if there is no income or pension statement and it should be verified]

iv. A copy of exam result from 1<sup>st</sup> until current semester

v. A copy of latest Statement of Account – print out from UNIEC Campus V2

vi. A copy of muallaf card (if applicable)

vii. A copy of medical report/ OKU identification card (if applicable)

viii. A copy of death, divorce / marriage certificate (if applicable)

ix. A copy of account no. (prefer Bank Islam)

3. Successful and rejected application will be notified through notices.
4. Incomplete forms and submission beyond closing date will not be processed.
5. All completed forms must be submitted by hand personally to:-

#### STUDENT AFFAIRS DEPARTMENT

Mr Muhammad Abdul Ghani Bin Yus Ondri

Level G, UNITAR Main Campus

Tel: +603 7627 7426 Email: [abdul.ghani@unitar.my](mailto:abdul.ghani@unitar.my)

#### List of Approve Verifiers:

##### 1. Group A Employee or Grade 41 Officer

##### 2. Educators

- Dean, Deputy Dean or Lecturer of any institution
- Principle or Headmaster of any schools

##### 3. Medical Officer

- Doctor of any clinics or government hospitals

##### 4. Judicial and Legislative Officer

- Judge, Magistrate, Federal Counsel, Legal Counsel

##### 5. Uniformed Officer

- Police Officer, Prison Officer, Fire Officer, Custom Officer

##### 6. Head Village / Senator

#### OFFICE USE

☐  
☐  
☐

Student status

Course registration

Zakat calculation

Remark:

**1. PERSONAL INFORMATION**

NRIC No.:         -         Matric Card No.:

Name:

Address:

Postcode:      State:  Country:

Phone No.:  -  Conversion Date (muallaf only):  /  /

Date of Birth:  /  /     Place of Birth:

Marital Status: ☐ Single ☐ Married ☐ Widower

Health Condition: ☐ Good ☐ Bad ☐ OKU

**2. EDUCATION BACKGROUND (CURRENT)**

Programme:

Level of Study: ☐ Foundation ☐ Diploma ☐ Bachelor ☐ Master

Year of Study: ☐ Year GPA:  -  CGPA:  -

Duration of Study: ☐ Year Semester:

**3. FINANCIAL DECLARATION ("SCHOLARSHIP/ LOAN")**

No.	Scholarship / Loan	Duration	Total per semester (RM)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**4. BANK DETAILS (PREFER BANK ISLAM)**

Bank Name:

Account No.:

**5. GUARDIAN'S DETAILS**

NRIC No.:         -         Phone No.:  -

Relationship:

Name:

Permanent Address:

Postcode:      State:  Country:

**6. INFORMATION OF PARENTS' / GUARDIANS' INCOME AND EXPENSES**

(6.A) FATHER/ GUARDIAN	(6.B) MOTHER/ GUARDIAN
Occupation : <input type="text"/>	Occupation : <input type="text"/>
Monthly Income : RM <input type="text"/>	Monthly Income : RM <input type="text"/>
Other Income : RM <input type="text"/>	Other Income : RM <input type="text"/>

**(6.C) PARENT'S EXPENSES**

TOTAL OF EXPENSES		TOTAL OF PAYMENT PER MONTH (RM)
1. Living expenses		
2. Food expenses		
3. House rental		
4. Others (please specify)		
TOTAL (RM)		

**7. DEPENDENTS INFORMATION**

"list down siblings or guardians' responsibilities including applicants

No.	Name	NRIC No.	Relationship	Age	**Status	***Health Condition

\*\*Status: (NS) Non-Schooling Dependent (SD) School Dependent  
(NW) Non-Working Dependent (UD) University Dependent

\*\*\*Health Condition: (H) Healthy (OKU) Disabled  
(C) Chronic

**8. APPLICANT'S DECLARATION**

In the name of Allah, I .....,  
declare that all the give information in this form is true and correct to the best  
of my knowledge. I understand should there be any false information, my  
application will be rejected and any decision made by the committee is final.

.....  
(Signature)  
Date:

**9. DECLARATION OF APPLICATION**

\* please refer to the "List of Approve Verifiers" stated on page 1

(The claimant are responsible to make sure the information and the given details/ information are correct)

Full Name: \_\_\_\_\_ Tel No.: \_\_\_\_\_

I hereby confirm that information and the details of the applications are correct; and the application is:

☐

AUTHORISED

☐

NOT AUTHORISED

Remark \_\_\_\_\_

Signature & Stamp

Date:  /  /