



WIFĀQUL 'ULAMA (SA)

ASSOCIATION OF SOUTH AFRICAN ULAMA

ASPIRING TO PRESERVE THE ESSENCE OF SUNNAH

101 Connor Street
Estcourt
3310

Phone : 036 352 7867
Mobile : 0832628024

email : admin@wifaq.org.za
info@wifaq.org.za
http://www.wifaq.org.za

Affiliation form

Personal Information

Full Name: _____

Address: _____

Phone: _____ Email _____

Date of birth: _____

Whatsapp Number: _____

Huffaaz / Imaams

Institute where Hifz was completed: _____

Current Khidmat:

- Imaamat
- Maktab
- Hifz Class
- Aalim Class
- Informal Khidmat
- Social Welfare / Counselling
- Writing Kitaabs / Translations
- Dawat to Islam
- Other (please specify) _____

Ulama

Institute where Aalim class was completed: _____

Year in which Aalim class was completed: _____

Other Deeni Courses completed: (Name of course and institute where it was completed)

Tertiary qualifications (if any): _____

Current Khidmat:

- Imaamat
- Maktab
- Hifz Class
- Aalim Class
- Informal Khidmat
- Social Welfare / Counselling
- Writing Kitaabs / Translations
- Dawat to Islam
- Other (please specify) _____

General

Extent of Islamic Education: _____

Details of any tertiary qualifications:

Islamic

Which Mazhab do you follow:

- Hanafi
- Shaafi
- Maaliki
- Hambali

I belong to the Ahlus Sunnah wal Jama'ah:

- Yes
- No

Institute details (if institute is being registered as an affiliate)

Name of institute: _____

Address of Institute: _____

Designation of individual who is affiliating the institute: _____

****Kindly attach a letter on the official letterhead of the institute granting consent to the affiliation****

Wifaqul Ulama SA

I agree to receive periodic relevant notifications and communication from Wifaqul Ulama SA

- Yes
- No

I hereby affiliate myself / my institute to Wifaqul Ulama SA and agree to its policies

Signature: _____

Date: _____