

# Nikah Certificate Application Form

Institution

Address

Contact Person

Name

First name

Last Name

Contact Number

Email Address

Recommended by \*

Name

First name

Last Name

Contact Number

For office use only

Date Issued

Certificate Number



WIFĀQUL 'ULAMA

ASSOCIATION OF SOUTH AFRICAN 'ULAMA

***\*The granting of a Nikah Certificate book is at the sole discretion of the Shura of Wifaqul Ulama South Africa***

ASPIRING TO PRESERVE THE ESSENCE OF SUNNAH