

Istehqaq Certificate

For purpose by LZC
of permanent
residence of a
Mustahiq

Certificate No _____ Dated

Name/Address of LZC: _____.

It is certified that Mr. /Ms. _____

S/O, D/O _____ Holder of NIC No. _____ is a

Permanent residence of _____

(Address of beneficiary)

He / She is a poor person and has no source of income to meet the
Expenditure on illness.

His /Her Istehqaq for FREE medical treatment is therefore endorsed.

Stamp of LZC.

(_____)

Chairman

Locket Zakat Committee

_____.

_____.

Istehqaq Certificate

For purpose by LZC
of temporary
residence of a
Mustahiq

Certificate No _____ Dated

Name/Address of LZC: _____.

It is certified that Mr. /Ms. _____
S/O, D/O _____ Holder of NIC No. _____ is a
Temporary residence of _____

_____ w.e.f. _____

(Address of beneficiary)

It has been verified that he /she is a poor person and possesses no
Source of income to meet the expenditure on illness

His / Her Istehqaq for FREE medical treatment is therefore endorsed.

His /Her permanent address is given below.

Stamp of LZC .

(_____)

Chairman

Locket Zakat Committee

Annexure -B

Declaration of Guarantee

I, _____ S/o _____
Holder of N.I.C No. _____ Resident of _____
_____ do
Hereby guarantee that Ms/Mrs _____ S/o, D/o _____
_____ Holder of NIC No. _____ resident of _____
_____ will produce Istehqaq Certificate within 30 days of his/her emergency treatment.

I undertake to refund in full the expenditure incurred on the emergency treatment of the afore name patient, if he/she fails to present the Istehqaq Certificate within the stipulated time.

(_____)
Signature of Guarantor

To be signed in The presence of A member of Wealth
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