



مسجد السلطان الحاج أحمد شاه

OFFICE OF SULTAN HAJI AHMAD SHAH MOSQUE

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Website : www.iium.edu.my/mosque Email: mosque@iium.edu.my

MOSQUE EXIGENCY FUND FORM

SECTION A : APPLICANT'S CATEGORIES (Please tick (✓) in the boxes below)

Categories :~

STAFF

STUDENT

OTHERS

Marital Status :~

SINGLE

MARRIED

Gender :~

MALE

WIDOW

DIVORCE

FEMALE

Purpose of Request :~

MEDICAL

DISASTER/CALAMITY

ACCIDENT(INJURY/SICKNESS)

TRANSPORTATION

OTHERS :

(please specify)

SECTION B : PARTICULARS OF APPLICANT (Please tick (✓) in the boxes below)

Name of Applicant :

Address :

NRIC /Passport No. :

Nationality :

Telephone No. :

Mobile No. :

Designation :

Email Address :

I hereby declare that all information given is correct and I never receive any financial assistance from the Sultan Haji Ahmad Shah Mosque, IIUM.

Date : _____

Applicant's Signature : _____

FOR OFFICE USE ONLY (Please tick (✓) in the boxes below)

A) Investigation Checklists :~

NRIC/ Passport No.

Support Document (If any)

Police Report (If any)

Interview

Medical Report (If any)

Others : _____

RECOMMENDED

NOT RECOMMENDED

APPROVED

NOT APPROVED

I certify that the information given is correct. The requestor is **eligible/ not eligible** for the said assistance.

Remarks

Remarks

Signature : _____ Date : _____
(Officer in-charge)

Signature : _____ Date : _____
(Director of IIUM Mosques)