

For use by  
LZC of  
Permanent  
Residence of  
a Mustahiq

**ISTEHQAQ CERTIFICATE**

Certificate No. \_\_\_\_\_ Date \_\_\_\_\_

Name/Address of Local Zakat Committee \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

It is certified that Mr./Mrs. \_\_\_\_\_

S/O,D/O,W/O \_\_\_\_\_

Holder of N.I. Card No. \_\_\_\_\_

is a permanent/temporary resident of \_\_\_\_\_

\_\_\_\_\_ w.e.f. \_\_\_\_\_  
(Address of Beneficiary)

It has been verified that he/she is poor person and has no source of income to meet the expenditure of illness.

His / Her Istehqaq for FREE MEDICAL TREATMENT is therefore endorsed.

His / Her permanent/temporary address is given below.

\_\_\_\_\_

\_\_\_\_\_



**CHAIRMAN  
LOCAL ZAKAT COMMITTEE**



**CHAIRMAN  
DISTRICT ZAKAT COMMITTEE**