

ISTEHQAQ CERTIFICATE

For use by
LZC of
Permanent
Residence of
a Mustahiq

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.

**Stamp
of LZC**

**CHAIRMAN
LOCAL ZAKAT COMMITTEE**

**Stamp
of DZC**

**CHAIRMAN
DISTRICT ZAKAT COMMITTEE**