

SHAHADAH CERTIFICATE APPLICATION FORM

IMPORTANT NOTES

1. A payment of **£25** is required upon submission of this form.
2. Shahadah certificate (Certificate of Embracing Islamic Faith) is only issued after the Applicant embraces the Islamic Faith **by their own free will** and **have been informed of their rights and obligations of being a Muslim**.
3. Appropriate IDs required include: Original UK photo driving license, Passport or official government issued Photo ID. Please **NOTE** that it does **NOT** include NUS/Student card, Birth certificate or utility bills. Please bring the **original IDs** at the time of submitting the form. We will photocopy the IDs and return them to you the same day. Photocopies of the originals will **NOT** be accepted.
4. Your application will be processed and the necessary enquiries will be made. Upon approval, the applicant will be contacted to collect their Shahadah Certificate. In cases where the application is rejected, the applicant will be notified and informed of the reasons of rejection.
5. Shahadah Certificate Application form is accepted during administration hours (Mon-Sun from 10am-7pm).
6. Failure to respond to the centre's attempts of contacting you regarding your application will result in termination of your application, loss of your application fee and copies of supporting documents after 4 weeks of the date of submission.
7. For help with filling this form please contact **0208 690 5090** or **info@lewishamislamiccentre.com**
8. Please send the completed form to:

**Admin Office
Lewisham Islamic Centre
363-365 Lewisham High Street
London
SE13 6NZ**

PLEASE FILL IN THE FORM USING CAPITAL/BLOCK LETTERS

Section A: Applicant's Details

1. Surname:

Forenames:

2. Muslim name chosen (if applicable): _____

3. Address:

Town: County:

Post Code: Country:

Phone:

Email:

4. Date of birth: __/__/____ Nationality: Proof of ID: _____

5. Shahadah details:

Date of conversion: __/__/____ Was place of conversion at LIC: YES NO

If answered NO, Shahadah will have to be undertaken again at LIC before Certificate is issued

Section B: DETAILS OF PLACE OF CONVERSION

1. Name:

2. Address:

Town: County:

Post Code: Country:

Phone:

Email:

Section C: 1st WITNESS

PLEASE NOTE THAT BOTH WITNESSES MUST BE MUSLIMS

1. Surname:

Forenames:

2. Address:

Town: County:

Post Code: Country:

Phone: Nationality: _____

Email:

(1st Witness) Sign: _____

Date: __/__/____

Section D: 2nd WITNESS:

Forenames:
2. Address:
Town: County:
Post Code: Country:
Phone: Nationality: _____
Email:

(2nd Witness) Sign: _____ Date: ___ / ___ / _____

Checklist: Please TICK as appropriate

- I have read and understood the application notes prior to filling the form.
- To the best of my knowledge I have filled this form accurately.
- I have affixed the required proof of Photo ID.
- I can confirm that both Witnesses are Muslims.

Lewisham Islamic Centre reserves the right to withdraw or refuse any application if it feels necessary.

Data protection: In accordance with the General Data Protection Regulation, data collected will be used exclusively for the purpose of producing your Shahadah (Declaration) certificate. LIC will treat your information with utmost respect and will not share or sell your data.

By signing below, you understand that Lewisham Islamic Centre has a legitimate interest to collect and process your personal data in order to meet mandatory requirements. Furthermore, you agree that Lewisham Islamic Centre may process your information for the purpose of which it was intended for in accordance with our privacy notice. For further details please refer to our privacy notice on our website, under Documents.

(Applicant) Sign: _____ Date: ___ / ___ / _____

Office use only:

Date form received: ___ / ___ / _____ Date form processed: ___ / ___ / _____

Form received by: _____ Form processed by: _____

IDs checked and photocopied Form Approved Form Rejected Payment received

Date of approval: ___ / ___ / _____ Shahadah Certificate number: _____

Reason(s) if rejected: _____

Notes: _____