

## SHAHADAH CERTIFICATE APPLICATION FORM

## **IMPORTANT NOTES**

- 1. 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.
- 2. 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.
- 3. 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.
- 4. Shahadah Certificate Application form is accepted during administration hours (Mon-Sun from 10am-7pm).
- 5. 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.
- 6. For help with filling this form please contact 0208 690 5090 or info@lewishamislamiccentre.com
- 7. 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: County:  |  |  |
| Post Code: Country: 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 L   |  |  |
| 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: County:  |  |  |
| Post Code: Country: Country:   |  |  |
| Phone:   |  |  |
|  |  |  |
|  |  |  |
| Section C: 1 <sup>st</sup> WITNESS   |  |  |
| PLEASE NOTE THAT BOTH WITNESSES MUST BE MUSLIMS  |  |  |
| 1. Surname: Forenames: |  |  |
| 2. Address:  |  |  |
| Town: County: County:  |  |  |
| Post Code: Country: Country: Country:  |  |  |
| Phone: Nationality:  |  |  |
| Email: Transmity   |  |  |
| (1 <sup>st</sup> Witness) Sign: Date://  |  |  |
| Section D: 2 <sup>nd</sup> WITNESS:  |  |  |

| 1. Surname:  |   |  |
|--|---|--|
| Town:  | ounty:  |  |
| Post Code:   | ountry:   |  |
| Phone: Na  | tionality:  |  |
| Email:   |   |  |
| (2 <sup>nd</sup> Witness) Sign:  | Date: / /   |  |
| Checklist: Please TICK as appropriate  |   |  |
| ☐ I have read and understood the application notes prior ☐ To the best of my knowledge I have filled this form as  |   |  |
| 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.  |  |
| <b>Data protection:</b> In accordance with the General Data Protection Regulation producing your Shahadah (Declaration) certificate. LIC will treat your information   |   |  |
| By signing below, you understand that Lewisham Islamic Centre has a legitimat meet mandatory requirements. Furthermore, you agree that Lewisham Islamic C was intended for in accordance with our privacy notice. For further details please | Centre may process your information for the purpose of which it |  |
| (Applicant) Sign:  | Date: / /   |  |
| Office use only:   |   |  |
| Date form received:/   | Date form processed://  |  |
| Form received by: l  | Form processed by:  |  |
| ☐ IDs checked and photocopied ☐ Form Approved  | ☐ Form Rejected ☐ Payment received                              |  |
| Date of approval:/ Shahadah Certif   | icate number:   |  |
| Reason(s) if rejected:   |   |  |
| Notes:   |   |  |