

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:
 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:

