



JAMAICA FOUNDATION FOR ISLAMIC CHARITY REGISTRATION FORM

FORM 1A (Part A)

Application Number
Date Completed
Member Number

Mandatory fields indicated by asterisks (*)

SECTION A. CONFIDENTIAL PERSONAL DETAILS *(This section to be removed and retained by JFIC in a secure environment)*

Surname *	First Name *	Middle Name *	Muslim Name
Address *		City/Town *	Parish *
Telephone (Home/Cell)	Digicel/LIME/Land	Drivers License Number/TRN	E-mail Address

Applicants are required to sign on the reverse of the Form



JAMAICA FOUNDATION FOR ISLAMIC CHARITY REGISTRATION FORM

FORM 1A (Part B)

Application Number
Date Completed
Member Number

Mandatory fields indicated by asterisks (*)

Sex M/F *	Date of Birth (DD/MM/YYYY) *	Age *	Marital Status *	Own/Rent Home	Drivers License Y/N	Own Vehicle Y/N
Average monthly income *		No of Dependents *		Need clothing? (if yes specify)		

SECTION B. ACADEMIC/PROFESSIONAL QUALIFICATIONS OR SKILLS *(To be completed by applicants under age 65)*

Schools/Colleges Attended (most recent first) *	Period of attendance *	Qualifications Gained *
Schools/Colleges Attended	Period of attendance	Qualifications Gained

SKILLS (Additional sheets can be added as needed).

Skill name	Professional Certification	Years experience	References
Skill name	Professional Certification	Years experience	References

SECTION C. EMPLOYMENT HISTORY *(To be completed by applicants under age 65)*

Company Name (most recent first)	Job Title	Period worked
Company Name	Job Title	Period worked

SECTION D. DEPENDENTS *(To be completed by all applicants with dependents under 18yrs old living with them. Add sheets as needed.)*

Name	Relationship	Age	Muslim? Y/N	Sex M/F	Remarks
Name	Relationship	Age	Muslim? Y/N	Sex M/F	
Name	Relationship	Age	Muslim? Y/N	Sex M/F	

SECTION E. REASON FOR APPLICATION *(To be completed by Imam)*

Disabled
 Elderly
 Unemployed
 Insufficient income
 Debilitating illness
 Other (specify below)

Recommended Y N <input type="checkbox"/> <input type="checkbox"/>	Imam's Remarks		
Masjid	Imam (Print name)	Signature & Date of Imam	Imam's Phone Number

Please give your applications two weeks for approval. To follow up on your application please call the Jamaica Foundation for Islamic Charity (JFIC) at 846-5968 (Brothers), 402-4291 (Sisters) or 312-3189 (Sisters) or e-mail us at jamaicaislamcharity@gmail.com.

SECTION F. JFIC OFFICIAL USE ONLY *(To be used by the Review Board)*

Date received (DD/MM/YYYY)	No of Adults (full ration)	No of Children (1 to 6 yrs old ¼ ration)	No of Children (7 to 12 yrs old ½ ration)
Distribution channel confirmation <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly		No of cycles under consideration	

REVIEW COMMITTEE DECISION DETAILS

Disbursement cycle approved <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	No of Adults approved	No of Children (1 to 6 yrs)	No of Children (7 to 12 yrs)	No of cycles or Permanent (P)
Remarks				Dawah Delivery (Y/N)
Date of Review	Review Chaired by:	Signature	Approved	Not Approved

SECTION G. DECLARATION OF AUTHENTICITY *(This section to be removed and retained by JFIC with confidential personal details)*

Allah Azza Wa-Jall is my witness that all personal information contained in this Form has been provided by myself and has been reviewed and certified as truthful to the best of my knowledge. I hereby submit this Form to register with the Jamaica Foundation for Islamic Charity (JFIC) having vouched-safed the accuracy of the information contained herein.

Name of Applicant

Signature

Date of Application