

## ITIKAAF APPLICATION FORM

### Personal Details

Name:	Date of Birth:
Address:	
Tel No:	Email:

### Emergency Contact Details

Name:	
Relation:	Tel No:

Questionnaire	Yes/No	If YES, Give Details
Do you have any food allergy?		
Do you take any medication?		
Do you have any past criminal conviction?		
Do you suffer from any mental health condition?		
Have you done Itikaaf at this Masjid before?		

Full 10 Days     
  Other Days (Specify) .....

***\*I wish to to observe Itikaaf at Masjid Al-Hikmah. I will abide by the rules and regulations of the Itikaaf and its manners and all the rules and regulations of the Masjid.***

***\*\*Disclaimer: Masjid Al-Hikmah shall not be held responsible for any injury, loss, expense or damage of any kind whatsoever suffered or incurred by any person who attends Itikaaf at the Masjid.***

Signature: .....

Date: .....

Date Application Received: .....

Authorised Signature:.....