

Detail of Payments & Declaration Regarding Hissa Amad

Under Rule No. 69 (Schedule C & C(a))

OFFICE OF WAKILUL MAL II

TAHRIK-I-JADID ANJUMAN AHMADIYYA PAKISTAN, RABWAH, DISTRICT CHINIOT, PAKISTAN

Please fill in Capital Letters

NAME: _____

S/O, W/O, D/O. _____

ADDRESS: _____

WASIYYAT NO. _____

FISCAL YEAR: _____

RATE OF WASIYYAT: 1 / 10

DATE OF PRINT: _____

PAYMENTS DETAIL:

Month	Date of Payment	Receipt No.	Amount Hissa Amad	Amount Hissa Amad @ Chanda Aam (1/16)	Hissa Jaidad	Remarks
July						
August						
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						
Total			- €	- €	- €	

NOTE: Please make sure that above payments are correct and discrepancies are rectified (if any).

Declaration of the Musi / Musiah

(Please tick 'X' the relevant box and also write the exact amount in filling space.)

Keeping in view the above mentioned payments and comparing them with my total income derived from

all sources during this year, **being regardful of the requirement of taqwa**

ط تقویٰ کو مدنظر رکھتے ہوئے تصدیق کرتا/کرتی ہوں)

I hereby declare that my due chanda is (Currency) _____ and:

☐

I have fully paid my due chanda and there is no arrear left behind.

☐

The above shown payments include an extra sum of (Currency) _____ which is the payment of my past dues OR which I have paid intentionally. (Please cut the irrelevant portion)

☐

I owed arrears of (Currency) _____ which I have now paid under receipt no. _____ dated _____ OR I will pay them within the next _____ months. (Please cut the irrelevant portion)

SOURCE OF INCOME : house wife

(e.g. Salary / Business / House Wife / Student / Agriculture / Social Welfare / Rent from Owned Property / If Other, please specify)

Signature(Musi / Musiah)& Date

Signature of Amir /National President
(for Wakilul Mal II) & Date

Ph./Mob.#

Email:

