Detail of Payments & Declaration Regarding Hissa Amad

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

OFFICE OF WAKILUL MAL II

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

NAME:_____ WASIYYAT NO._____

S/O,W/O, D/O _____ FISCAL YEAR: _____

ADDRESS: _____ RATE OF WASIYYAT:_____

_____ DATE OF PRINT : _____

PAYMENTS DETAIL:

Month	Date of Payment	Receipt No.	Amount Hissa Amad	Amount Hissa Amad @ Chanda Aam	Remarks
July					
August					
September					
October					
November					
December					
January					
February					
March					
April					
May					
June					
Total					

NOTE: 1. Your payments of ..... for Hissa Jaidad have been recorded.

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

Declaration of the Musi / Musiah

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

Keeping in view the above mentioned payments and comparing them with my total income during this year, **being regardful of the requirement of taqwa, I hereby declare that:** (

(میں شرط تقویٰ کو مدنظر رکھتے ہوئے تصدیق کرتا/کرتی ہوں)

☐ I have fully paid my due chanda based on the total income derived from various sources, and there is no arrears or excess left behind.

☐ The above shown payments includes an extra sum of (Currency)_____ Which is the payment of my past dues or Which I have paid intentionally. (Please cut the irrelavant 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 irrelavant portion)

SOURCE OF INCOME : _____

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

_____ _____

Signature of the Musi / Musiah Signature of Amir / National President (for Wakilul Mal Sani)

Date..... Date.....