

واقفة

WAQFIYYAH

NAME OF WAQIF/A (DONOR)

ID NUMBER

DATE GREGORIAN

DATE HIJRI





My Waqf. My Legacy.
Our Community Sovereign Fund.

مؤسسة الأوقاف الوطنية بجنوب أفريقيا
national awqaf foundation of south africa
Inhlangano eyisisekelo kazwelonke i-Awqaf yaseNingizimu Afrika

email: info@awqafsa.org.za
website: www.awqafsa.org.za



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

وقفية WAQFIYYAH

All Praise is due to Allah, Lord of the Worlds. Salaat and Salaam to the Noble Prophet Muhammad. (S).
Enjoin what is right and just and forbid what is wrong, evil and unjust.

And loan to Allah a beautiful loan. (Qur'an)

When a person dies all good actions come to an end except three (a) continuous charity,
(b) beneficial knowledge, and (c) pious children who pray for the deceased. (Hadith)

NIYAH

I the undersigned, being cognisant of the concerns of Muslims in South Africa, my duty to Allah, to the Muslim ummah, and to humanity, and having realised the need revive the institution of waqf and thereby to empower Muslim communities, the poor, and the historically disadvantaged, do hereby declare and make my niyah to establish a waqf by this waqfiyyah solely for the pleasure of Allah, and make this waqf in terms of the rules of Islamic shariah.

WAQIF/A DETAILS		(or for and on behalf of....)		
Surname		First Name/s		
Postal address & code		Residential address & code		
Suburb:		Town/City		Suburb:
				Town/City
Province:		Code:		Province:
				Code:
Fax	Tel: (H)	Tel: (W)	Cell	email

TO GIVE EFFECT TO THE ABOVE NIYAH:

1) I the undersigned waqif/a hereby dedicate the amount/ assets/s enumerated below, hereinafter referred to as the "waqf capital" as an irrevocable **waqf lillah** :

R	Lump Sum / R	per month/annum /	% of my monthly salary/income

Initial here

- 2) The waqf capital shall be kept in trust by and be invested and administered by the National Awqaf Foundation of South Africa (hereinafter referred to as 'AWQAF SA') or its duly authorised agents or nominees in terms of its rules and regulations.
- 3) Payment / settlement of the waqf shall be effected as follows: les and regulations.

CASH		EFT/ CHEQUE		DEBIT/STOP ORDER		Donation Deed	
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- 4) The waqf revenue, being returns from the waqf capital investment, shall be allocated as follows:

DESIGNATED	%	DISCRETIONARY	%
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- 5) The designated portion shall be applied as follows:

	%		%

- 6) Unless there is no longer use for the revenue for the aforementioned designated purpose, the said portion shall be applied to and failing the foregoing, the total waqf revenue may be applied in terms of AWQAF SA'S rules governing discretionary expenditure. Notwithstanding anything to the contrary, waqf revenue shall be applied according to the discretion of the Council of Mutawallees until such time that the waqf revenue is sufficient for designated beneficiaries
- 7) The Council of Mutawallees shall apply the discretionary portion of waqf revenue according to the rules of AWQAF SA (if applicable).I hereby authorise the Council of Mutawallees to pay a maximum of 12,5% of waqf revenue as administration costs.
- 8) I hereby authorise the Council of Mutawallees to allocate a maximum of 10% of waqf revenue towards a capital reserve fund.
- 9) The waqf capital sum shall not be expended for any consumption or revenue expenditure but shall be invested for the benefit of the beneficiaries as stated in clauses 4) and 5) above .
- 10) The Council of Mutawallees are hereby authorised to maintain, upgrade, or dispose of the Waqf property provided that the corpus of the Waqf remains intact.
- 11) I hereby appoint the below mentioned person to be my 'waqf Mutawallee'. My waqf Mutawallee shall appoint another in succession. Failing him/her I authorise the Council of Mutawallees of AWQAF SA to appoint a mutawallee on my behalf. (The Mutawallee that you appoint should be somebody from your family or other trusted person that would look after your interests in AWQAF SA's affairs. Males or females may be appointed.)

MUTAWALEE/MUTAWALEEYA DETAILS

1. First Name/s		Surname		
Postal Address		Suburb:	Town/City	
Province:	Code:			
Residential address		Suburb:	Town/City	
Province:	Code:			
Fax	Tel: (H)	Tel: (W)	Cell	email
1. First Name/s		Surname		
Postal Address		Suburb:	Town/City	
Province:	Code:			
Residential address		Suburb:	Town/City	
Province:	Code:			
Fax	Tel: (H)	Tel: (W)	Cell	email
				Initial here

- 13) I hereby undertake to do all things necessary to give effect to this waqfiyyah

14) I hereby name this waqf as the.....Waqf.

15) May Allah accept my waqflillah and may He grant success and baraka in the administration and fulfilment of my wishes as stated in this waqfiyyah.

16) Thawaab for this waqf is dedicated to..... (Optional) Deceased or living person

17) Other terms:.....
(Please use additional paper if necessary.)
- Initial here

Signed (Waqif).....

(Name Witness)(1)..... (Name Witness)(2).....

Signed (Witness 1)..... Signed (Witness 2).....

Place..... Date.....

NOTE: (1) WAQIF/A: May be any living baligh male or female (2) MUTAWALLEE/MUTAWALLIYAH: May be any living male or female. (Guideline: Appoint different members of your family for greater participation.) (3) For deceased persons, complete paragraph 15.		
Bank: First National Bank (FNB) Account number: 62052040145 Branch code: 250655 Kindly fax, post, or hand-deliver the deposit slip to the numbers/addresses below. Keep a copy of the deposit slip.		
PO Box 85586, Emmarentia. 2029 112 Barry Hertzog Avenue, Greenside, Johannesburg 2193 Tel : (011) 4860726/ (021) 6964631 Fax: 088011-4860726 email: info@awqafsa.org.za web: www.awqafsa.org.za © AWQAFSA 03/3101/2002/1422		
RATIFICATION:	DATABASE:	LEDGER ALLOCATIONS:
INTRODUCED BY:	CERTIFICATE:	ACKNOWLEDGEMENT

