

# Thamesdown Islamic Association

124/125 Broad Street, Swindon SN1 2DR Tel: 01793 523831

[www.swindonmasjid.com](http://www.swindonmasjid.com) email: swindonmasjid@aol.com

REGISTERED Charity : 276549

## Charity Collection Form

Please complete this form using CAPITAL LETTERS

Please complete this form in order to register your charity for a collection date.

\*Please note - Completing this form **does not** guarantee you a collection

- All applications are subject to approval by Swindon Jamia Masjid management committee

- Please email completed forms to swindonmasjid@aol.com or hand in to the office

Charity Name:	
Office address:	
City/Province:	Post Code:
Charity Contact Number:	
Contact Person:	
Registered Charity Number:	
Your Name:	
Your Role:	
Your Contact Number:	
Please provide a detailed description of your charity organisation (Max 100 word)	
Certification	
Has the institution been registered with Wifaqul Madaris Pakistan or similar body (for overseas institutions)? YES / NO (If yes please provide a copy of the certificates with this form)	
Has an application been made to any Collection Committee within the UK? (e.g. Bolton/Blackburn) YES / NO Was the application approved? YES / NO (If yes please provide a copy of the certificates with this form)	
<b>References: Please provide two references who can confirm your identity and charity organisation</b>	
<b>Referee 1 – Full Name:</b>	<b>Address:</b>
Occupation:	Contact Number:
<b>Referee 2 – Full Name:</b>	<b>Address:</b>
Occupation:	Contact Number:

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<b>Please list the Masjids where you have collected ( Minimum of 2)</b>	
<b>Masjid Name:</b>	
Address	
Contact Name:	Contact Number:
<b>Masjid Name:</b>	
Address	
Contact Name:	Contact Number:
<b>Masjid Name:</b>	
Address	
Contact Name:	Contact Number:
Has a collection previously been made at Swindon Jamia Masjid ?      Yes / No	
( If Yes please provide date and details of that Collection)	
<b>Collection Date Request:</b>	
..... ( Subject to approval and availability)	
I can confirm that all the information provided is True and all raised funds will go to our charity t be used for Our charitable cause.	
Signature.....	
Date: .....	
For Office Use only	
Application Approved ?	Approved by:
If Refused State Why	Signed
Date Given	Time
Date	Serial Number: