



**MSE ANGULLIA WAKAF CHARITABLE GRANT
APPLICATION FORM FOR FUNERAL EXPENSES**

A. PERSONAL PARTICULARS OF MAIN APPLICANT

NAME : _____
ADDRESS : _____
TELEPHONE NO : _____ (Mobile) _____ (Home)
(Please provide at least 1 contact number)
EMAIL ADDRESS : _____

B. PARTICULARS OF DECEASED

NAME OF DECEASED:	RELATION TO MAIN APPLICANT
_____	_____

Please state the deceased relationship to MSE Angullia

Direct descendant Indirect descendant

State relationship: _____

C. PAYMENT DETAILS

All payments will be via Bank Transfer, please provide all required information below.

Bank Account Holder Name
(Per Bank Account Statement) : _____
Bank Account Number : _____
Bank Name & Account Type : _____

D. SUBMISSION OF APPLICATION FORM

Please submit your application **with** the following supporting documents, where applicable: -

- (1) NRIC Copy (front & back) **of main applicant**
- (2) Deceased copy of Death Certificate & Burial Permit
- (3) Such other documents that the Trustees may request from the Applicant.

SIGNATURE OF APPLICANT

DATE