RAHMAN DONATIONS BY AL-'AABIDAAT

Beneficiary Application Form

This form is for individuals seeking fundraising support for a health-related need. Please complete every section as accurately as possible and attach the requested supporting documents. Incomplete applications may delay processing.

This form may be printed and completed by hand, or filled digitally and returned by email/WhatsApp along with the required attachments.

SECTION A — PERSONAL INFORMATION

1. Full Name

_____

2. Age _____ **3. Gender** _____

4. State of Origin

_____

5. Current Location / Residential Address

_____

6. Marital Status _____ **7. Occupation (if any)** _____

8. Identification Type & Number (e.g. NIN, Voter's Card, International Passport)

_____

Attach a copy of your ID and a recent passport photograph or clear selfie.

SECTION B — EDUCATIONAL BACKGROUND (if applicable)

9. School/Institution Attending

_____

10. Course of Study _____ **11. Level/Class** _____

SECTION C — CONTACT DETAILS

12. Phone Number _____ **13. Email Address** _____

14. Home Address

SECTION D — NEXT OF KIN

15. Full Name of Next of Kin

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16. Relationship to You

17. Next of Kin's Phone Number

18. Next of Kin's Address

SECTION E — YOUR CASE

19. What is your main challenge? (Describe your medical condition/situation)

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20. What do you need help raising funds for? (e.g. surgery, treatment, medication, hospital bill)

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21. Estimated Amount Needed (₦)

22. Hospital/Facility Name

23. Hospital/Facility Address

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24. Doctor's Name (if known)

SECTION F — SUPPORTING DOCUMENTS

Please attach copies of the following, where available:

- Hospital bill or cost estimate
- Doctor's letter or medical report
- Diagnosis letter / test results
- Discharge summary (if previously admitted)
- Any other document supporting your claim (photos, receipts, referral letters)

SECTION G — VERIFICATION

Please provide someone who can verify your case (e.g. a community leader, religious leader, School Amir/Amirah, employer, or healthcare worker who knows your situation).

25. Full Name of Verifier

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26. Relationship to You

27. Verifier's Phone Number

28. Verifier's Role/Position (e.g. School Amir/Amirah, Community Leader, Employer)

SECTION H — DECLARATION

I declare that the information provided in this form is true and accurate to the best of my knowledge. I understand that RAHMAH DONATIONS BY Al-'AABIDAAT will verify this information before opening a fundraising campaign, and that any false or misleading information may lead to disqualification from support.

Signature

Date

For Office Use Only

Received By

Date Received

Verification Status

Case Reference No.