

مجلس اتحاد العلماء بجنوب افريقيا
UNITED ULAMA COUNCIL OF SOUTH AFRICA

Head Office:
P.O. Box 38311
Gatesville 7764
Republic of South Africa
Tel: 021 696 5150
Fax: 021 696 5154



Secretariat:
P.O. Box 257
Middelburg 1050
Republic of South Africa
Tel: 013 243 2423
Fax: 013 243 2423

SHAHÂDAH [TESTIMONY] OF SIGHTING THE MOON

NB: Upon sighting the *Hilâl* [new moon], this form has to be completed in full and signed by the *Shâhid* [testator] in the presence of the Imâm and/or person(s) taking / recording the *Shahâdah*. Once completed immediately 'fax' through to the central office. Fax: 013 243 2423

Particulars of Masjid:

Masjid	
Town	

This is to certify that I/we:

Name	Gender	Age	Signature
1.			
2.			
3.			
4.			
5.			

Hereby give *Shahâdah* [testimony under oath] that I/we have sighted the *hilâl* [new moon] for the:

Islamic month and year								
Corresponding English date & year								
Approximate time of sighting								
Exact location of moon at the time of sighting	North		South		East		West	
Condition of sky / horizon	Clear		Overcast		Partly Cloudy			
Position of the moon	()	()	()	()
Number of persons who sighted the moon								

FOR OFFICIAL USE

This *Shahâdah* [testimony] was given in the presence of the Imâm:

Name of Imam in Full:	Signature:
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Comments:

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