

AFFIDAVIT / SOLEMN AFFIRMATION

I / We, _____ S/D/W/o _____
aged _____ bearing CNIC number _____ Residing at _____
do hereby
declare that I am Non-Muslim / follower of _____ religion and according to my
Faith, I am not obliged to pay Zakat.

Further, what is stated above is true to the best of my knowledge and belief.

SHAREHOLDERS'S SIGNATURE(s)

Date: _____
Place: _____

Witness – 1:

Name: _____

S/o _____

Address: _____

CNIC # _____

Witness – 2:

Name: _____

S/o _____

Address: _____

CNIC # _____