



جمعية العلماء كندا
CANADIAN COUNCIL OF
MUSLIM THEOLOGIANS
IFTAA DEPARTMENT



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211-1825 Markham Rd,
Scarborough, ON,
Canada,
M1B 4Z9

APPLICATION FORM

Name of Applicant: _____

(Please write clearly)

Full Address: _____

Tel- Home: _____ Cell: _____

Email/other info: _____

Name of Respondent: _____

Full Address: _____

Tel-Home: _____ Cell: _____

Email/other info: _____

I am applying for (check one of the following boxes):

- Faskh-un-Nikah - Marriage Dissolution (if applicant is wife)
- Islamic Divorce (if applicant is husband)
- Khula (mutual divorce agreement)
- Islamic Divorce Certificate
- Dispute Resolution - (General) - Please specify* _____

Note: On a separate sheet(s) of paper write clearly or type the reasons for your application and attach to this form.

Signature: _____ Date: _____

Leave blank - For office use Only

File No: _____ Date received: _____ Received by: _____

Fees: _____ Comments: _____