



Please fill the form in **CAPITAL LETTERS**

SALARY DEDUCTION APPROVAL FORM (SKIM BERKAT)

NAME

I/C NUMBER (NEW) - - - - - **(OLD)** - - - - -

CORRESPONDENCE ADDRESS (Delivery of Payment Statement)

PASSPORT NO. - - - - - **MOBILE PHONE NUMBER** - - - - - **POSTCODE**

TELEPHONE - - - - - **EXT.** - - - - -

DESIGNATION

SALARY/EMPLOYEE NUMBER

NAME OF EMPLOYER

CORRESPONDENCE ADDRESS (Delivery of Payment Statement)

TELEPHONE - - - - - **EXT.** - - - - -

OFFICER TO CONTACT

I hereby agree to allow a monthly salary deduction for the payment of zakat as follows:

Please tick (✓) in the appropriate box)

- Amount of monthly zakat deduction : RM _____ from month _____ year _____
- Increase zakat deduction : RM _____ from month _____ year _____
- Decrease zakat deduction : RM _____ from month _____ year _____
- Update personal information

The zakat payment will be automatically deducted from my salary until further notice to the employers and Lembaga Zakat Selangor (MAIS).

Niyat Of Paying Zakat

"This is the money that is compulsory upon me to pay the zakat because of Allah Ta'ala."

I hereby acknowledge and understand all the rules that are printed at the back of this form.

_____ Date

LZS (MAIS) COPY

_____ Signature of applicant

EMPLOYER'S AUTHORIZATION (SALARY DIVISION)

Please tick (✓) in the appropriate box:

- Private Company Staff / Statutory Body Staff
- Government Staff (Code: 4008)
- Others: _____

FOR LZS (MAIS) USE

Employer's Code: _____