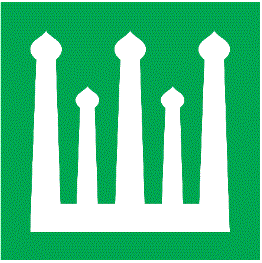
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**ROMM’S MUSLIM MARRIAGE SOLEMNIZATION @ DESIGNATED MOSQUES**

**FORM FOR LIST OF ATTENDEES**

Mosque Ref No: \_\_\_\_\_\_\_\_\_\_

**PART A** : To be completed by Designated Mosque.

Name of Applicant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time of Nikah : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designated Mosque : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Solemnizer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART B:** For Applicant to complete and submit to the Designated Mosque at least 5 working days before the nikah date.

|  |  |  |  |
| --- | --- | --- | --- |
| **SN** |  | **Full Name** | **Contact No** |
| 1 | Bride |  |  |
| 2 | Groom |  |  |
| 3 | Wali |  |  |
| 4 | Saksi #1 (Witness #1) |  |  |
| 5 | Saksi #2 (Witness #2) |  |  |

**Other family members attending the nikah.**

**(Seniors/Warga Emas and children under 12 should stay at home)**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Names** | **Contact No** | **Age** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

Pg 2

**Other family members attending the nikah**

**(Seniors/Warga Emas and children under 12 should stay at home)**

|  |  |  |  |
| --- | --- | --- | --- |
| **S/N** | **Names** | **Contact No** | **Age** |
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please add more rows accordingly

I agree to ensure the compliance of the Designated Mosque’s Safe Management Measures by myself and all the abovementioned attendees.

I understand the maximum time allowed for the nikah ceremony including photo taking is 30 minutes.

I will remind all the abovementioned attendees NOT to arrive at the mosque earlier than 10 minutes from the time of nikah and to leave the mosque immediately after the nikah.

I will appoint 2 immediate family members from the list of attendees to assist the mosque on the nikah date for the abovementioned compliance.

Signature of Applicant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_