

AHNS Registration Form

Reference Number:

Please read the Terms & Conditions document before completing this form.

The document can be found at www.imws.org.uk/al-hikmah-nikah-service/

Personal Details

| First Name(s) | Surname |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

| Address | Town/City | Post Code |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Home Telephone | Mobile | Email |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Gender | Date of Birth (Month & Year only) | Age | Nationality |
|---|--------------------------------------|----------------------|----------------------|
| Male <input type="checkbox"/> Female <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Height | Complexion (optional) | Build |
|----------------------|-----------------------|---|
| <input type="text"/> | <input type="text"/> | Slim <input type="checkbox"/> Average <input type="checkbox"/> Heavy <input type="checkbox"/> |

| Heritage (e.g. Indian; Bengali; Algerian; Pakistani; Moroccan; Welsh; etc.) | Language(s) Spoken |
|---|----------------------|
| <input type="text"/> | <input type="text"/> |

| Disabilities (if any) | Illnesses (if any) |
|-----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |

Parental Details

| Parent's Consent? | If No, please give details... |
|--|-------------------------------|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| Father's Name | Mother's Name |
|---------------|---------------|
| | |

| Address | Town/City | Post Code |
|---------|-----------|-----------|
| | | |

| If female: Who is your Representative/Wali (Guardian)? |
|--|
| |

Education & Qualification Details

| Education – only state institutions attended post 16 years of age |
|---|
| |

| Qualifications |
|----------------|
| |

Employment Details

Are you employed? Full time or part time?

Career details (briefly explain what you do for a living)

Additional Information

| Do you live with parents? | Do you intent to continue to live with parents? | Do you smoke? |
|--|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| If Male: Do you have a beard? | If Female: Do you wear the headscarf on a daily basis? | If Female: Do you wear a face veil? |
|--|---|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Marital Status | Please provide details of previous marriage/divorce (if any) |
|----------------|--|
| | |

If you have children, please provide information (include age, gender and custody etc.)

Criminal Record

No Yes If Yes, then please specify

Hobbies / Interests

Please describe your character (briefly) or how your friends will describe you (use separate sheet if necessary)

Any other information you would like to tell us about? (use separate sheet if necessary)

| |
|--|
| |
|--|

Prospective Partner's Details

| Preferred age range | Height | Complexion | Build |
|---------------------|--------|------------|---|
| From..... to | | | Slim <input type="checkbox"/> Average <input type="checkbox"/> Heavy <input type="checkbox"/> |

| Heritage/Ethnicity | Language(s) | Employment Status |
|--------------------|-------------|-------------------|
| | | |

Education (e.g. Prefer graduate, professional etc. State any preferences you may have)

| |
|--|
| |
|--|

| Would you consider a divorcee? | Would you consider a widow/widower? |
|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Would you consider a person with children? |
|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> |

Please include any additional requirements and qualities you would like your prospective partner to have:

Declaration

IMPORTANT: Before you sign below you **must** carefully read and understand the Terms & Conditions of AHNS.

1. The information I have given on this form is true and accurate. I understand that my registration will be terminated if I have given any false information.
2. I have read or had explained to me and understand everything on this form.
3. I have read carefully, and accept to abide by the Terms and Conditions of using Al-Hikmah Nikah Service.

| Signature of Applicant: | (Please PRINT your name here): | Date: |
|-------------------------|--------------------------------|-------|
| | | |

Please POST your completed form along with the following ID documents: a copy of your current UK passport and proof of address - recent utility/mobile phone bill or bank statement and a cheque of £50.00 (payable to "IMWS") to:

Al-Hikmah Nikah Service, 28 Track Road, Batley WF17 7AA

or EMAIL your completed form along with your scanned ID documents to:

nikah@imws.org.uk

and pay £50.00 online via bank transfer to Acct No:

Bank: Lloyds **Acct No:** 00810650 **Sort Code:** 30-90-57 **Acct Name:** IMWS
(please ensure your first initial and surname are used as bank reference)

All the information provided will remain strictly confidential.

Information provided is utilised only for the purposes of matching individuals

For Official Use Only

| Client Ref No. | Date Form Received | Registration Fee | Received By: | | |
|----------------------|--------------------|--|--------------|----------------|------|
| | | £..... Cash <input type="checkbox"/> Cheque <input type="checkbox"/> ID provided <input type="checkbox"/> | | | |
| Introduction Details | | | | | |
| Client Ref No. | Date | Client Ref No. | Date | Client Ref No. | Date |
| | | | | | |

NOTES: