



Southampton

MEDINA MOSQUE TRUST LTD

Online Standing order form (please print pdf)

This is Sadqa Jaria, the money you invest today will give you reward in this life and much greater reward in the hereafter Inshallah. We would like to thank you in advance for your kind efforts.

Allah says in Surah al-Baqarah (2): 274:

“Those who spend their wealth (in Allâh’s Cause) by night and day, in secret and in public, they shall have their reward with their Lord. On them shall be no fear, nor shall they grieve.”

Maintaining a regular source of income is a crucial part of the ongoing efforts to improve facilities at Southampton Medina Mosque Trust Ltd (SMMTL).

SMMTL would like to invite you to set up a standing order for a monthly contribution. This money will specifically be used to pay for further building of the Mosque, maintenance, Islamic education and running of the Mosque.

Please could you complete the information requested below and present this form to your bank manager. Alternatively, if you have access to internet banking, please feel free to use the account number and sort code to set up your standing order.

Jazaakum Allaahu Khairan.

Management, Southampton Medina Mosque Trust LTD May 2012



Standing Order Mandate

To (Bank Name & branch) _____

Please tick one: New Instruction Amend previous standing order

ACCOUNT TO BE DEBITED

Bank: _____

Branch: _____

Sort Code: _____

Account Number: _____

Account Name: _____

BENEFICIARY DETAILS

Royal Bank of Scotland

1 College Place, Southampton

16-31-37

00165866

Southampton Medina Mosque Trust Ltd

PAYMENT DETAILS

Amount of first payment: £ _____

Date of first payment: _____

Amount of usual payment: £ _____

Amount in of usual payment in words: _____

When paid (weekly, monthly, Annually etc): _____ *Date of usual payment _____

Amount of last payment: £ _____ Date of last payment _____

Or Please continue payments until further notice YES NO*

Customer name: _____

Customer Signature: _____

Date: _____

Customer Contact Number: _____

Claim Gift Aid on my donation (please tick one) YES NO*

If yes please state Address _____

(As a tax payer I acknowledge that I must have paid in an amount of income tax or capital gains tax equal to the tax reclaim on donations (s) in the tax year).

All fields Mandatory