


# Hilaal Shahadah Form

Testimony of Sighting of New Moon

Islamic Month				Islamic Year			
Date				City			
Place				Suburb			
Sunset Time							
Moon Sighted		Yes		No			
Time of Sighting				Number of people			
Position of Moon (left/right of where sun set)		Left		Right			
Tick orientation of moon if sighted:							
							
If moon was not seen, what was the reason:							
Came Late		Cloudy		Poor Visibility		Early Moonset	
By signing hereunder, I testify to the above:							
Full Name				Signature			
1.							
2.							
3.							
4.							
Responsible Person							
Name		Signature			Cell		

Please report your sighting decision to Moulana Muhammad Badsha - 078 672 7797 or Moulana Sirraaj Joubert - 078 034 4443  
Please Whatsapp a picture of this form to the above numbers as soon as possible

