



Al-Noor

Orphanage and Charitable Organization

Removal of Child(ren) from Al-Noor

To Whom It May Concern:

OFFICE BEARERS:

Chairman:

Al-Haj M. Caffoor
Tel: +94 777 70 17 60

Secretary:

M.N.H.M.Yousuf
Tel: +94 777 51 81 91

Treasurer:

Al-Haj M.M.Mohamed
Tel: +94 777 56 13 56

Ass. Treasurer:

Al-Haj A. N. M .C
.Sadoon
Tel: +94 777 60 35 92

ISLAMIC ADVISOR:

Al-Haj M.M.M. H. Farid
Maulavi

LEGAL ADVISOR:

Al- Haj S.L.M. Halith

MEMBERS:

M.N Caffoor

Al-Haj M.N.H.M. Ali

Al-Haj M.I.M. Hafeel

M.Q .Mohideen

Al-Haj M. I. Naieem

Al-Haj M .Ahmed

___/___/200__

This is to certify that I, Mr / Mrs/ Ms _____
Residing at: _____

Possessing Identity Card No: / Passport No: _____
Hereby declare the below mentioned child(ren) has been handed to me in

health and sound mind at my request, to take him (them) safely home/ to his
(their) mother/ guardian / out for _____ hours.

I hereby declare that I am connected to this child(ren) by way of:
Visitor to Al-Noor/ Guardian / Mother / _____
and further more acknowledge with immediate effect that Al-Noor is no
longer responsible for the welfare of the child(ren) until and unless taken in
Al-Noor.

Child's Name	Date of Birth
-	
-	
-	
-	

Al Noor member initial: _____

48/16 Majeediya Estate, Gothatuwa., Sri Lanka
Tel: +94 11 2533 104

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Name of person taking child(ren)	Name of Al Noor Witness (2 needed)	Date	Time	Signature

Please fill below once the child(ren) come back.

Date and Time back: _____

Brought by: _____ Signature: _____

Al-Noor official Name and Signature: _____

Al Noor Members use only:

Approved by 2 members :

Name: _____

Signature _____

Position: _____

Date: _____

Comments: _____

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Tel: +94 11 2533 104

Website: <http://www.alnoorsociety.org>

Email: info@alnoorsociety.org