

**REQUEST FOR MULAQAT WITH HAZRAT KHALIFATUL-MASIH** ایده اللہ تعالیٰ بنصرہ العزیز  
**IN CANADA**

Type or print in CAPITAL LETTERS using black or blue ink.

APPLICANT INFORMATION		
Full Name	Jama'at	Member Code
Home Telephone No.	Mobile No.	Work Phone No.
Date and location of previous Mulaqat with Huzoor Anwar <sup>aa</sup> (anywhere in the world)	E-mail/Fax	
Brief introduction or family background		

	Member Code	Name of Family Member	Relation with Applicant
1			
2			
3			
4			
5			

(For additional family members, please attach separate sheet with the form)

CRITERIA FOR MULAQAT
<p><b>Due to limited time and a large number of requests, priority may be given based on the following order:</b></p> <ol style="list-style-type: none"> <li>Members who have never met Syedna Hazrat Khalifatul-Masih<sup>aa</sup></li> <li>Immediate family members of Martyrs (Shohada)</li> <li>Any other requests (time permitting)</li> </ol>

ADDITIONAL INFORMATION
<p><b>Please note:</b></p> <ul style="list-style-type: none"> <li>Email completed form to <a href="mailto:mulaqatcanada@ahmadiyya.ca">mulaqatcanada@ahmadiyya.ca</a> or fax at (905) 832-3220 – Attn: Nazim Mulaqat</li> <li>You will be contacted by phone / email once the Mulaqat is confirmed</li> </ul> <p style="text-align: center;"><b>FORM MUST BE SIGNED BY THE LOCAL AMIR/PRESIDENT JAMA'AT, OTHERWISE IT WILL NOT BE PROCESSED</b></p>

Signature of Applicant	Name of Local Amir / President Jama'at	Signature of Local Amir / President Jama'at	Date of Request
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FOR OFFICE USE ONLY
Comments: