



IMAN TRUST

NON INTEREST COOPERATIVE SOCIETY
UNIVERSITY OF ILORIN TEACHING HOSPITAL

PROPERTY ACQUISITION FORM

ELECTRONICS VEHICLE ESTATE BUILDING MATERIALS HOME APPLIANCE

READ



Customer's Pix

IMAN TRUST operates a trade window which is often based on MURABAHAH (Cost plus profit) Protocol or MUSANAMAH (bargaining without reference to cost) on few occasions.

- * We have transparency and integrity in all our dealings
- * Be sure you have the ability to pay back this credit facility as agreed, as the onus is on you to set a realistic pay back plan.
- * Please keep a good record of this transaction and inform your next of kin; incase the burden of payback be transferred to them in event of incapacitation or death.

A. Place Order

I do voluntarily place order for the underlisted item(s) of sale and promise to purchase same from IMAN TRUST VENTURES on delivery.

Name: _____

Phone No: _____ Address _____

Department: _____ Unit: _____

Folio No: _____ IMAN No: _____ IPPS No: _____

| S/N | Description of Item(s) | Qty |
|-----|------------------------|-----|
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| | | |
| | | |

Mode of Payment

Deduction from salary source
Cash to Bank Cheque
Check Exchange Others

First Bulk Payment

N

Customer's Signature

B. GUARANTOR PAGE

To be completed by guarantor/Suretee presented by the customer

Dear Sir/Madam,

You have been chosen to act as suretee/guarantor to

(Name of customer)

Who has requested IMAN TRUST VENTURES to finance the acquisition of the above stated sales items.

Projected volume transaction N_____

Projected volume of credit to be given N_____

| | |
|---|----------------------------|
| Guarantor 1 | I _____ |
| of _____ | Dept. _____ Folio No _____ |
| IPPS No _____ | Iman No _____ GSM No _____ |
| hereby guarantee the payment of this credit facility by the customer. | |
| I will be responsible for 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> Others <input type="checkbox"/> | |
| of the default value. Signature _____ | |

| | |
|---|----------------------------|
| Guarantor 2 | I _____ |
| of _____ | Dept. _____ Folio No _____ |
| IPPS No _____ | Iman No _____ GSM No _____ |
| hereby guarantee the payment of this credit facility by the customer. | |
| I will be responsible for 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> Others <input type="checkbox"/> | |
| of the default value. Signature _____ | |

| | |
|---|----------------------------|
| Guarantor 3 | I _____ |
| of _____ | Dept. _____ Folio No _____ |
| IPPS No _____ | Iman No _____ GSM No _____ |
| hereby guarantee the payment of this credit facility by the customer. | |
| I will be responsible for 25% <input type="checkbox"/> 50% <input type="checkbox"/> 100% <input type="checkbox"/> Others <input type="checkbox"/> | |
| of the default value. Signature _____ | |

| Witness 1 | Witness 2 | Witness 3 |
|---------------|---------------|---------------|
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| Tel _____ | Tel _____ | Tel _____ |
| Sign _____ | Sign _____ | Sign _____ |

NB: IMAN TRUST VENTURES reserves the right to accept or reject any of the guarantor presented for the transaction

C. AGREEMENT

1. Item of sale shall be a property of value and shall be in physical and constructive possession of IMAN TRUST before been sold.
2. IMAN TRUST will not associate with or participate in illegal trade, smuggling, gambling or shady deals
3. IMAN TRUST will not trade in items like alcohol, pork, sculptures, ponography, pictures and other objects forbidden by Islamic rule of trade.
4. IMAN TRUST will not participate in or associate with fraud, falsehood, ambiguities, falsification or forgery of documents in any form overt or occult.
5. All terms of business shall be hinged on uncertainty, conditionality, contingency or chance.
6. All business shall be conducted, concluded and documented promptly. Sales must be instant and absolute. Under no circumstance must a transaction drag for more than seven (7) working days from the approved take-off date; except otherwise fragmented into stages and documented as such.
7. Every stage of the business shall be reported/communicated to the venture chairman/ or any officer so designated by the agent. No crucial decision shall be made without due consultation.
8. On the spot security measures shall be effected from the point of purchase with other backups there after.
9. All original receipt of payment/registration/documentation shall be written in favour of IMAN TRUST VENTURES, University of Ilorin Teaching Hospital.
10. Transfer of ownership shall be effected accordingly at the completion of payback plan by customers.
11. All expenses incurred in the course of purchase and transportation of this sale item shall be borne solely by IMAN TRUST.
12. IMAN TRUST bear the risk on commodity over the period of purchase and transportation until delivery to the customer.
13. NO payment/deposit shall be made to IMAN TRUST by customer before delivery of the item of sales. The agreed duration of instalmental payment is deemed to commence from time of delivery, unless the parties agreed otherwise.
14. All purchase shall be made by lodgement of cheque, electronic fund transfer directly to the account supplied, authorized agent or service provided.
15. IMAN TRUST shall not accept cash payment by hand. All payback should be effected by cheque, cash lodgement or electronic fund transfer to IMAN TRUST bank account.
16. IMAN TRUST is indemnified from any inability whatsoever that may arise from a breach of any of the rules of Islamic trade including but not limited to those stated above.

I have read and agreed with all the above stated items

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

Customer's Name and Signature

Witness 1's Name and Signature

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

IMAN Trust's Name and Signature

Witness 2's Name and Signature

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

Agent's Name and Signature

Witness 3's Name and Signature

D. MANDATE APPROVAL (For Official Use Only)

To be completed by the Chairman Ventures Committee or any other officer designated to act in his capacity

This business transaction / order / proposal has been reviewed by me and duly scrutinized and certified Halaal by the trade regulatory committee and Sharial Panel.

I hereby give the mandate to execute this business to

- 1. _____
- 2. _____
- 3. _____

Name: _____ Designation: _____

Official stamp: _____ Signature/date: _____

Mandate/Agency Agreement

*Only the person(s) authorized by this mandate has the right to execute this business on behalf of IMAN TRUST either as our officer/member/staff/agent etc. Any hijack or obstruction of this role is a breach of this contract.

* All receipt of payment shall be written in favour of IMAN TRUST.

* IMAN TRUST VENTURES bears the risk on the item of sale from the period of purchase, transportation till delivery to the customer.

* Agency fee, feeding, accommodation and other privileges and benefits received in the course of transacting this shall be borne by IMAN TRUST VENTURES.

* All gifts, bonanzas, bonuses, discount and other privileges and benefits received in the course of transacting this business must be declared.

* Agent must be in close communication with the chairman ventures committee (or any other officer so designated) at every stage of the transaction. No major decision should be made unilaterally except in emergency situation.

Bill

AGENCY FEE _____

FEEDING _____

ACCOMMODATION _____

TRANSPORTATION _____

Sharing Ratio

Where Applicable

Agent
Sign/Date

Iman Trust Ventures
Sign/Date

E. DELIVERY (For Official Use only)

To be completed by the time of delivery of the ordered goods to the customer
CHECK LIST

| I. Vehicle Document collected | II Confirmed done | III. Building Document collected |
|--|---|--|
| Purchase Receipt <input type="checkbox"/> | Good in transit security <input type="checkbox"/> Yes <input type="checkbox"/> No | Evidence of right to sell <input type="checkbox"/> |
| Duty/Custom paper <input type="checkbox"/> | Duty/Custom paper <input type="checkbox"/> Yes <input type="checkbox"/> No | Lawyers Note <input type="checkbox"/> |
| Clearing Papers <input type="checkbox"/> | Clearing Papers <input type="checkbox"/> Yes <input type="checkbox"/> No | Transfer documents <input type="checkbox"/> |
| Registration papers MOT, ECMR, Police Report <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | Arfidafit <input type="checkbox"/> |
| Repairs, Accessories Servicing, Packaging <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | R of O <input type="checkbox"/> |
| Others <input type="checkbox"/> | Others <input type="checkbox"/> Yes <input type="checkbox"/> No | C of O <input type="checkbox"/> |
| | | Deed of agreement <input type="checkbox"/> |
| | | Plan of Building <input type="checkbox"/> |

| | | | |
|--------------------|---|----------------------|----------------------|
| DESCRIPTION | Item delivered to me and received by me in satisfactory condition. Today _____ of _____ 20_____ | | |
| Model _____ | Time _____ | | |
| Maker _____ | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Year _____ | | | |
| Chasis _____ | | | |
| Engine _____ | | | |
| Colour _____ | | | |
| | Customer's Sign | Witness | Seller |

F. DEBT CALCULATOR

The debt recovery committee has been briefed and acquainted with the volume of this transaction and your commitment to pay back as stated below:

| | | | | | | |
|-----------------------------------|---|------------------------------------|---|--|---|-------------------------------------|
| Cost of item <input type="text"/> | = | Cost + profit <input type="text"/> | + | Other charges Registration Duties Transportation Servicing Accessories Repairs | = | Total pay back <input type="text"/> |
| Profit Added <input type="text"/> | | | | | | |

G. PAYBACK PLANNER

| | | | | | |
|--------------------|-----|-------|-------|-----|------|
| First Bulk Payment | | | APRIL | MAY | JUNE |
| JULY | AUG | SEP | OCT | NOV | DEC |
| JAN | FEB | MARCH | APRIL | MAY | JUNE |
| JULY | AUG | SEP | OCT | NOV | DEC |

H. DEDUCTION FROM SOURCE

Name of staff_____

UITH Folio No_____

IPPS No_____

Dept_____

Unit_____

Tel_____

Date_____

The HOD Account

UITH, Ilorin

Dear sir,

AUTHORITY TO DEDUCT FROM MY SALARY SOURCE

I hereby authorize you to deduct a total sum of _____

(N _____ : K) from my monthly salary for _____

months. Starting from _____ to _____

and credit same to IMAN TRUST COOPERATIVE SOCIETY, UITH, Ilorin.

Thank you.

Customer's Signature