



# Central Region Muslim Funeral Service

Falkirk Central Mosque (Anwar-e-Madina), 10 Burnhead Lane, Falkirk FK1 1UG

V01.25

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## **CENTRAL REGION MUSLIM FUNERAL SERVICE**

The Central Region Muslim Funeral Service (CRMFS) was established on 1 September 2021 as a welfare organization dedicated to supporting families during the difficult time of a loved one's passing. CRMFS provides comprehensive emotional, spiritual, and financial support to grieving families, ensuring they are not burdened with the logistical and financial pressures associated with funerals. The service includes practical assistance with funeral arrangements, participation in funeral prayers, and covering burial costs for individual members.

CRMFS distinguishes itself from traditional burial committees by emphasizing its welfare-focused approach. It is not an instalment plan, insurance policy, or any other type of financial scheme designed to secure burial costs. Instead, it operates purely on the principles of community care and mutual support, aligning with Islamic values of compassion and collective responsibility. This ensures members and their families are supported with dignity and respect during their time of need.

### **TERMS AND CONDITIONS**

1. CRMFS is governed by a constitution and managed by an executive committee who are elected each year.
2. CRMFS will cover the burial costs of the member in accordance with the charges set. This includes the Mosque's own costs (ghusl, kafan, casket, hearse, etc.), as well as the cemetery charges set by Falkirk Council. CRMFS will not cover the costs of heads stones, transporting the body of the deceased either within the UK or to/from overseas, or for the additional burial costs associated with cemeteries outside the members' normal area of residence.
3. Members who pass away whilst overseas, and are buried overseas, will receive a fixed sum of £2,000. Members travelling abroad are advised to take holiday insurance. Members who have passed away in their normal area of residence, but the relatives/next of kins wanting to take the deceased to Pakistan or wanting to hold the funeral service at a designated masjid/funeral director of their choice, will receive a capped amount of £3,000 (maximum). Families will also need to provide their own transport to the airport or to the city of their choice.
4. CRMFS membership will be renewed on an annual basis, with January being the renewal month. To register for your membership, you must pay the initial (fixed) joining fee and the annual membership fee upfront upon application. \*Depending on when you join, the membership fee for the first year will be calculated on a pro-rata basis until January. To continue your CRMFS membership thereafter, the annual fee must be paid in full in January.



Anwar-e-Madina  
**FALKIRK  
CENTRAL  
MOSQUE**  
Falkirk Central Mosque Anwar-e-Madina  
10 Burnhead Lane, Falkirk, FK11UG  
Tel: 0800 999 1786

Registered Charity: SCO43620  
falkirkcentralmosque.com  
anwaremadinafcm@gmail.com



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The current membership fees are as follows:

Age at Joining	Joining Fee	Annual Membership
Applicants aged 18 - 25	£75 (fixed)	£100*
Applicants aged 26 - 35	£100 (fixed)	£100*
Applicants aged 36 - 45	£200 (fixed)	£100*
Applicants aged 46 - 55	£300 (fixed)	£100*
Applicants aged 56 – 65*	£500 (fixed)	£100*

## 5. Eligibility Criteria:

The following outlines the requirements and conditions for membership, ensuring clarity and fairness in the application process.

- **Age Limit:**  
The standard maximum age for eligibility is 65 years. \*However, individuals over 65 without pre-existing health conditions may have their applications reviewed on a case-by-case basis by the committee. If approved, an additional joining fee will apply.
- **Terminal Illness:**  
Applications from individuals diagnosed with a terminal illness will not be accepted under any circumstances.
- **Serious Illness:**  
Individuals with serious illnesses are required to disclose their condition prior to submitting their application. The committee will assess these cases at its discretion to determine eligibility. Additional joining fees may apply for such cases.
- **Children Under 18:**  
Children under the age of 18 are covered under their parent's membership. Upon turning 18, they will be required to obtain their own membership if they wish to continue. In such cases, no joining fee will be charged; only the annual membership fee will apply.
- **Application Process:**  
Application acceptance is primarily based on age, with a minimum age requirement of 18 and a standard maximum age limit of 65 years.



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6. The following documentation is required for all **new** application. Original only, photocopies will be accepted.

- ❖ A completed application completed & signed.
- ❖ A proof of photo ID of applicant (passport, driving licence)
- ❖ Proof of address (utility bill, council tax, driving licence etc)
- ❖ A joining fee **and** annual membership fee
- ❖ For parents all documentation (as above) of all children under the age of 18 will be required.

7. The membership year commences in January and the annual membership fee is due on January 1st every year, with a 28-day grace period.

**YOUR MEMBERSHIP IS AT RISK IF YOU DO NOT PAY YOUR ANNUAL MEMBERSHIP FEES ON TIME.**

If payment is not received by the annual due date or by the end of the grace period, the membership will be suspended. A penalty fee of £10 per month will be applied for each month thereafter up to a maximum of 3 months at which point if payment is still not made; in full, the membership will be revoked. If a person wishes to resume their membership thereafter, they will need to re-apply as a new member and pay the joining fee.

8. Annual membership fees can be paid by any one of the Following methods:

- Cash, Debit/Credit card
- Cheques payable to The Muslim Education & Culture Community Centre
- By bank deposit or BACS payment to The Royal Bank of Scotland
  - Sort Code: 832032
  - Account No: 18984649

to help us identify your payment, please use your **name** as a payment reference.

9. Members are responsible for providing CRMFS with their up-to-date contact details, such as their address and telephone numbers and email address. CRMFS are also to be notified immediately, of any changes to their circumstances.

10. CRMFS is a not- for-profit organization and relies wholly on its membership fees to sustain its costs. These fees are based on the costs associated with the burial, as well as the incidence of deaths that may throughout the year. Due to the unforeseeable nature of these factors, these fees are liable to change over time. In the event of an unusually high incidence of deaths occurring in a particular year resulting in a shortfall of funds, the CRMFS may set up an Emergency Fund towards which all members will be required to make an equal contribution.





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11. All membership submissions must be paid in full on application. Anybody wishing to cancel or terminate their membership, must be do so within 14 days of application being submitted, (this must be done in writing). Only the annual fee(s) will be refunded. Application joining fee(s) are non-refundable.

After 14 days all funds, contributions, fees, and payments of any kind whatsoever will be non-refundable, non-transferable, and non-repayable, including in the event of any termination, cancellation, or expiration of this Agreement.

12. This is not a savings plan and does **not** accumulate or retain any monetary value. Upon termination, whether voluntary or involuntary, no refunds or financial benefits will be provided under any circumstances.

13. CRMFS reserve the right to amend and update the terms and conditions and any clause herein this document. This document, including its online version, replaces and supersedes all previously signed, written or oral agreements, memoranda, correspondence, or other communications between the parties.

14. In the event of a death, an applicant's membership can become invalid or may incur further charges/penalties if later found that any false information is given knowingly or unknowingly, or the cause of death was due to any medical reason(s) not declared in the medical section of the application and is later established from the applicants' medical records. The CRMFS committee members reserve the right and have the authority to invalidate the membership or review any charges/penalties.

For further information please contact: **0800 999 1786** which will connect you to a member of the CRMFS committee:

Mr. Khalid Saeed  
Mr. Mohammed Azeem  
Mr. Ijaz Ashraf  
Mr. Asghar Riaz  
Mr. Mohammed Mustafa



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## MEMBERSHIP APPLICATION FORM

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Please select application type.

**SINGLE APPLICATION** please fill boxes 1, 3, 4(if applicable), 5, 6, and 7

**JOINT APPLICATION** please fill boxes 1, 2, 4(if applicable), 5, 6, and 7

1		APPLICANT 1				
Title:		D.O.B:		Age:		
Forename(s):						
Surname:						
Address:					Post Code:	
Telephone:	Mobile:				Work:	
	Home:					
Email:						

2		APPLICANT 2					
Title:		D.O.B:		Age:		Relation to Applicant 1	
Forename(s):							
Surname:							
Address:					Post Code:		
Telephone:	Mobile:				Work:		
	Home:						
Email:							

3		Next of Kin			
Title:		Relationship:			
Forename(s):					
Surname:					
Address:			Post Code:		
Telephone:	Mobile:			Work:	
	Home:				
Email:					



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4 CHILDREN/DEPENDENTS UNDER THE AGE OF 18YRS					
	Name of Child/Dependent	Relation	D.O.B.	Age	Mature Date
1					
2					
3					
4					
5					
6					

5 MEDICAL HISTORY	
APPLICANT 1	Do you have any medical condition or undergoing any medical treatment for any short/long term illness <input type="checkbox"/> NO <input type="checkbox"/> YES (please give details below)
APPLICANT 2	Do you have any medical condition or undergoing any medical treatment for any short/long term illness <input type="checkbox"/> NO <input type="checkbox"/> YES (please give details below)

6 MEDICAL CONSENT	
I do not have any medical condition or illness other than those disclosed in the medical history section of this form that may invalidate my application (see section 14). In the event of my death, I authorise CRMFS to request information from my medical records relevant to my application for funeral cover. I give consent for this information to be sourced from my GP or other medical specialists that I may have received treatment from.	
GP Practice Name:	
GP Practice Address:	
	Post Code: <input type="text"/>
Telephone:	
Email:	
Applicant 1 Signature:	Applicant 2 Signature:





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7		DECLARATION	
<p>I solemnly declare that I have read, understood, and agree to abide by the terms and conditions as set out here in this document by Central Region Muslim Funerals Services (CRMFS). Should CRMFS create emergency only funds to meet the unexpected cost, I agree to contribute my equal share. I hereby declare that the personal details provided in this form are true and correct. A copy of which I have received.</p>			
Applicant 1 Signature:		Date:	
Applicant 2 Signature:		Date:	
CRMFS Signature:		Date:	

## FOR OFFICE USE ONLY

DOCUMENTS	<input type="checkbox"/> PASSPORT
	<input type="checkbox"/> DRIVING LICENSE
	<input type="checkbox"/> UTILITY BILL
	<input type="checkbox"/> COUNCIL TAX
	<input type="checkbox"/> BIRTH CERTIFICATE
	<input type="checkbox"/> OTHER:

FEES	Applicant 1 Fee	Membership Fee
	£	£
	Applicant 2 Fee	Membership Fee
	£	£

PAYMENT METHOD	<input type="checkbox"/> CASH/CARD
	<input type="checkbox"/> BANK/BACS
	<input type="checkbox"/> CHEQUE
AMOUNT PAID	£

MEMBERSHIP NO.	
Application Date	Annual Renewal Date
	1 <sup>st</sup> January

