



ISLAMIC FOUNDATION OF TORONTO

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CHANGE OF ADDRESS NOTIFICATION

Personal Information

Please fill in CAPITAL LETTERS

Last name

First name

Gender Male Female

E-mail

Old Information

Please fill in CAPITAL LETTERS

Street Unit#

City Province

Postal code Country

Home# - - Work# - - ext.

Cell# - -

New Information

Please fill in CAPITAL LETTERS

Street Unit#

City Province

Postal code Country

Please fill out any of the following fields that have been changed

Home# - - Work# - - ext.

Cell# - -

Date change is effective _____
yy/mm/dd

Signature _____ Date signed _____
yy/mm/dd

FOR OFFICE USE ONLY

Updated in IRM Updated by _____
Signature

Updated membership database Updated by _____
Signature

Please submit your completed form to Islamic Foundation of Toronto Room - 104