

Booking Form - Hajj / Umrah

Package Requested:

1	ousaf	Kelig	lous	lours Ltd.		No. of	f Passenger(s):	Adult	Child	Infant
			11ajj & C	mian opecialists		Room(s) Required:			
Perso	nal Deta		(Lead Pa		bove the ag	ge of 18)	in case of a group. Your na	me must be s	spelt exactly as	it appears on your
Title:			passpass	Surname:						
Given	Name(s):								
Addre	ss:									
								Post Code	e:	
Profession:							Marital Status:			
Date of Birth							Place of Birth:			
Previo	us Natio	onality:					Present Nationality			
Tel No:					Mobile:		-	E mail:		
Other Group N		Viembers,								
			-	travelling with you	. Name(s) n	must be s	pelt exactly as it appears o	n passport(s)		
Title	Surnar	ne		Given Name(s)			Relations	hip	Date of Birth
How d	lid vou	hear ab	out us:	Previous Cust	omer / Ro	ecomm	ended / Search Engin	e / TV / Otl	her	
		y of you								nassisted? Yes / No
				ame, who will a						
		ion of P			30.01 11.10					
_										
Any o	f the ab	ove me	ntioned	d performed Ha	jj or Umi	rah Bef	ore(please state nam	e and year	performed	i)*
Conta	ct info i	n case o	of Emer	gency:	Names:					
Addre		li case o	, Line	gency.	ivairies.					
Tel No				Mobile	·:			Alternativ	ve No:	
Please	note: V	isa Appli	cation fo			II have to	b be filled, Hotels are sul			are non refundable.
Payme							_			
	-	-		_	-		per person fo ill be forefieted towar	-		
I confi							agree to abide by the [230617. I also confir		onditions of	:
			-	_			litions on Document I		17.	
				_			Ministry of Hajj acording t			
_					Date:					
		-		lame: YOUSAF REL er & last name as R		-	SORT CODE 40-30-32, ACC ent	OUNT No 82:	124262	9906

We are approved agents by the ministry of Hajj and Members of the Licensed Hajj Organisers UK



