



BOOKING FORM 308 ELGIN AVENUE, LONDON, W9 1JU. TEL: 020 7286 1111. FAX 020 7286 6507. WWW.HAJ.CO.UK

PLEASE COMPLETE AND SIGN THE BOOKING FORM AND RETURN IT TO US WITH A NON-REFUNDABLE DEPOSIT OF £250 PER PERSON FOR UMRAH OR £500 PER PERSON FOR HAJJ. YOUR NAME SHOULD APPEAR EXACTLY AS IT APPEARS ON YOUR PASSPORT. 4 – 6 WEEKS PRIOR TO TRAVEL YOU SHOULD SEND YOUR PASSPORT (WHICH SHOULD BE VALID FOR AT LEAST 6 MONTHS FROM DATE OF DEPARTURE) 2 PHOTOGRAPHS (LADIES TO ENSURE THEY HAVE THEIR HAIR COVERED) AND VACCINATION CERTIFICATE FOR MENINGITIS ACWY.

Please reserve _____ Places on Tour No. _____ Departing on _____ Deposit enclosed herewith £ _____

Type/No. of rooms required _____ (If you opt for room-sharing, please note that rooms are non-smoking) Special requests _____

| Title | First Name | Surname | Date of birth | Nationality | Profession | Mahram name (females only) | Relationship |
|-------|------------|---------|---------------|-------------|------------|----------------------------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Sect (Shia, Sunni, etc.) _____ Languages Spoken _____ Have you been to Hajj/Umrah before and if so when _____

Provide details of your Travel Insurance _____ How did you hear about us: Recommendation / Google / Yahoo / Direct Mail / other (please state): _____

MEDICAL DETAILS (delete as appropriate)

If anyone in your group has a medical condition, it is obligatory that you inform us. We need to know the implications of the condition, as well as the extent of support needed:

1. Have you been given a terminal prognosis for any medical condition? **YES / NO**
2. Are you suffering from any previously diagnosed psychiatric disorder? **YES / NO**
3. If applicable, will you be more than 26 weeks pregnant on the date of departure? **YES / NO**
4. Are you travelling or acting against medical advice? **YES / NO**
5. Are you a wheelchair user? **YES / NO**

EMERGENCY CONTACT

Name of next of Kin _____ Relationship _____ Address of next of kin _____

_____ Postcode _____ Tel. Home _____ Tel. Business _____ Mobile _____

The booking conditions and general information have been read and accepted by me on behalf of persons for whom this booking is made. I am duly authorised by them to make this arrangement. I am over 18 years of age.

Full Name _____ Address: _____

_____ Postcode _____

Tel Home _____ Tel Business _____ Mobile: _____ Email _____

Signature _____ Date _____

