

BOOKING FORM

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haj & umra

TRAVEL LIMITED

PLEASE COMPLETE AND SIGN THE BOOKING FORM AND RETURN IT TO US WITH A NON-REFUNDABLE DEPOSIT OF £500 PER PERSON FOR UMRAH OR £1000 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 FOR UMRAH AND 4 FOR HAJJ (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 (Moslem, Shia, Sunni) _____ 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 _____

The use of credit card may incur a service charge. The air holidays and flights are ATOL protected by the Civil Aviation Authority. Our ATOL number is 3449.

