

Hajj Registration Form

First Name:

For office use only

Pkg. Amnt:

Received:

Last Name:

Pass. Photo Vacc. V. frm

Mrhm. Auth Mehrem. Rel. PR

Residential Address:		
City:	Province/ State:	Postal Code/ Zip:
Phone:	E-mail:	
Passport#:	Date of Issue:	Expiry Date:
Date of Birth:	Place of Birth:	
Nationality:		
Person to contact in case of an emergency: Name: Relations:		
Address:		Phone:
Note:		
 Voyages Amro is not responsible for an Voyages Amro is not responsible for an of the Tawaf companies. 	y lost or damaged luggages or it y delay that may occur from the y delay from the buses during t	tems. In this case please contact the airlines responsible.
Signature:		Date: