

Claim Form
(Under Hujjai Mohafiz Scheme)

Application No. _____

1. Name of Hajji: _____
2. Father/Husband Name: _____
3. Gender: _____
4. CNIC No. _____
5. Passport No. _____
6. Date of Departure: _____ Gateway: _____
7. Date of Arrival from Hajj: _____ Gateway: _____
8. Address: _____
_____ District: _____
9. Contact: Phone No. _____ Cell No. _____
10. Detail/Cause of Loss(Death/Disability/Illness): _____

11. Amount of Claim: _____
12. Supporting Documents* Attached:
 - i. _____
 - ii. _____
 - iii. _____
 - iv. _____
 - v. _____
 - vi. _____
 - vii. _____

* The detail of the supporting documents has been given on back side of page ii.

Appendix-C

13. Name of Claimant (Self or Next of Kin/Nominee): _____
14. Relationship with Hajji _____
15. CNIC No. of Claimant _____
16. Address of Claimant _____
_____ District: _____
17. Contact: Phone No. _____ Cell No. _____
18. Name of Bank & Branch _____
_____ City: _____ Bank Account No: _____

Signature of Claimant _____
Date: _____

To:
M/o Religious Affairs,
Government of Pakistan
Islamabad.