CANCELLATION REQUEST FORM

The Chief Executive Officer
Haj Committee of India
Haj House, 7-A, M.R.A. Marg (Palton Road),
Mumbai - 400 001

COVER NO. _____

Sir,

It is requested to cancel the pilgrims listed below and grant admissible refund amount.

DETAILS OF PILGRIM(S) TO BE CANCELLED

			REASON OF CANCELLATION; PLEASE TICK (√) ANY ONE					
Sr. No.	PASSPORT NO.	NAME OF THE PILGRIM(S) TO BE CANCELLED	DEATH	MEDICAL	FINANCIAL	DOMESTIC	OTHERS	DUE TO MEHRAM / COMPANION
1.								
2.								
3.								
4.								
5.								

ENCLOSURES Please tick (√)	Claim Letter	Copy of Pay-in Slip	Medical / Death Certificate	Copy of front page of bank passbook/cancelled cheque	Any Other (Please Specify)
	☐	☐	☐	☐	

In case of Death, details of Nominee as per Haj Application Form

Name		Relation	

BANK DETAILS OF NOMINEE (attach copy)

Name of the Account Holder	Bank Name	Branch Name	Branch Code	Account No.	IFSC Code

I / We certify that the particulars given above are true and correct.

Date: _____

Place: _____

1.....2.....3.....4.....5.....

Signature/s of pilgrim(s) to be cancelled

It is certified that the particulars mentioned above are correct and as per entries in the Haj Application Form. It is recommended that the Haj application of above referred pilgrim(s) may therefore be cancelled.

Date:

Place:

Executive Officer
State / UT Haj Committee