CANCELLATION REQUEST FORM

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

COVER NO._________________________

Sir,

It is requested to cancel the pilgrim’s listed below and grant admissible refund amount.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>PASSPORT NO.</th>
<th>NAME OF THE CANCELLED PILGRIM(s)</th>
<th>DEATH</th>
<th>MEDICAL</th>
<th>FINANCIAL</th>
<th>DOMESTIC</th>
<th>OTHERS</th>
<th>DUE TO MEHRAM / COMPANION</th>
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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)

<table>
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<tr>
<th>Name of the Account Holder</th>
<th>Bank Name</th>
<th>Branch Name</th>
<th>Branch Code</th>
<th>Account No.</th>
<th>IFSC Code</th>
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I / We certify that the particulars given above are true and correct.

Date:

Place:

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

Signature/s of cancelled pilgrim(s)

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

Date:

Place:

Executive Officer
State / UT Haj Committee

Forward to: - Haj Committee of India, Haj House, 7-A, M.R.A. Marg, Mumbai- 400 001. Fax No. (022) 22620920 / 22630461