

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								
Sr. No.	PASSPORT NO.	NAME OF THE PILGRIM(S) TO BE CANCELLED	REASON OF CANCELLATION; PLEASE TICK (✓) ANY ONE					DUE TO MEHRAM / COMPANION
			DEATH	MEDICAL	FINANCIAL	DOMESTIC	OTHERS	
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)
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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**