

13. EMAIL ID:

HEEN HAJ SERVICE

(Recognised by Ministry of External Affairs, Govt. of India & Kingdom of Saudi Arabia) Regd. Office: 22, Aravamudhan Garden Street, Egmore, CHENNAI - 600 008. Ph: 044-28362459 Fax: 044-28360947 APPLICATION FOR | HAJ REGN. No [†]2019 Tour No. a) NAME IN FULL (as per passport) 1. b) SEX: F- Female M - Male FATHER'S NAME 2. MOTHER'S NAME 3. **SPOUSE NAME** 4. MAHRAM NAME (for lady applicant only) 5. MAHRAM RELATIONSHIP (for lady applicant only) 6. PASSPORT PARTICULARS 7. Passport No. Issued at Issued on Validity Date of Birth Place of birth 8. PERMANENT ADDRESS: (as per passport) Door No / Street Place Pin Taluk / Dist PRESENT ADDRESS: (for correspondence) 9. Door No / Street **Place** Pin Taluk / Dist 10. MOBILE: 11. TELEPHONE No: 12. PAN No:

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a) Name of Nominee																					
b) Address : Door No /Street																					
Place																					
Taluk / Dist																					
														Р	in						
Mobile																					
c) Relationship																					
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Cignoture of No											①)		C: ~	t	# 0 0	£ 0 ~	منام			
Signature of Nominee							Sigi	natu	re o	or Ab	plic	ant									
I hereby declare that I a released under BTQ, where the state of the s					asio	c Tr	ave	ΙQι	ıota			ervi									
											Ĭ			Sigr	natu	re c	of Ap	plic	ant		
Dear Sirs, I the undersigned I have read and understood a The Personal Particulars and Please enroll my name in the	all the	e tei er de	ms a	and o	ond en by	ition / me	s of	the a	bove e are	e Pad true	ckag to t	je To the b	ur ar est c	nd he f my	ereby kno	agr wled	ee to	abio	de th	e sa	
Herewith I enclose as an adv	-	_					-						-								
) by RTGS/NEFT/DD No																					
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Representative	:																				
Application Received on	:	[] (C		M	M	Y	Y	Y	Y				PH	ОТО	S		: <i>F</i>	4		
Application Registered by	<i>'</i> :			t R																	
Payment: Advance	:														_				_		
II Pay	:													BT	۲			: E	=		
III Pay	:																				
Remarks:													,								

FORM - CBA

From:	Date	:
Name :	Reg No.	:
Address :	Passport	No. :
	PAN No.	:
	PAN ap	(MUST ATTACH PAN CARD COPY) plied (Copy of Application enclosed)
Contact No.:		
To The Manager, Dheen Haj Service, Chennai – 600 008.		
Sub: Bank Details	of Payment for Haj 20	19 - Regarding
Dear Sir, ☐ I will pay my entire Haj Package co as per the details of the Account given below. ☐ I will be paying the entire Haj Package	amount through my Re	lative
(Name) Mr./Mrs.	, since	e I do not have any Bank Account.
The Details of the Bank Account & my Paymo	ents provided below:	
Account Holder Name :		
Bank Name :	Bra	nch :
Account Number :	IFS	C Code:
Thanking You,		
Yours Truly,		
Signature :		
Name :		
TRANSFEI	R DETAILS (Office Use)	
UTRV Ref No.	Amount	Remarks

TOTAL PAID