

ANNEXURE - 9

CANCELLATION REQUEST FORM

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

HAJ-2023

COVER NO. _____

Sir,

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

DETAILS OF PILGRIM (S) TO BE CANCELLED								
Sr. No.	PASSPORT NO.	NAME OF THE CANCELLED PILGRIM(S)	REASON OF CANCELLATION PLEASE TICK (✓) ANY ONE					
			DEATH	MEDICAL	FINANCIAL	DOMESTIC	OTHERS	DUE TO MEHRAM / COMPANION
1.								
2.								
3.								
4.								
ENCLOSURES Please tick (✓)		Claim Letter <input type="checkbox"/>	Copy of Pay in Slip <input type="checkbox"/>	Medical / Death Certificate <input type="checkbox"/>	Copy of front page of bank passbook/cancelled cheque <input type="checkbox"/>	Any Other (Please Specify) <input type="checkbox"/>		
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.....

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