



GENERAL INFORMATION FORM 2023



CLP No : _____

Umrah : ☐

Hajj : ☐

No. of Travellers : ☐

Are you : Sunni ☐

Shia ☐

1) Applicant's Name (As per passport & Family Head)

Passport No.

Passport Expiry

Sur Name: _____

Given Name: _____ CNIC ☐☐☐☐☐☐ - ☐☐☐☐☐☐☐ - ☐ Date of Birth ☐☐ - ☐☐ - ☐☐☐☐

If Hajj then specify: Farz ☐ Nafal ☐ Badal ☐ Are you Married? Yes ☐ No ☐ Gender: ☐ Male ☐ Female Blood Group: _____

Postal Address (Res): _____

Occupation : _____ Mobile No. _____ Vaccine Name: _____ No. of Doses: _____

2) Applicant's Name (as per passport)

Mehram Name (If Female Applicant):

Passport No.

Passport Expiry

Sur Name: _____

Given Name: _____ CNIC ☐☐☐☐☐☐ - ☐☐☐☐☐☐☐ - ☐ Date of Birth ☐☐ - ☐☐ - ☐☐☐☐

If Hajj then specify: Farz ☐ Nafal ☐ Badal ☐ Are you Married? Yes ☐ No ☐ Gender: ☐ Male ☐ Female Blood Group: _____

Postal Address (Res): _____

Occupation : _____ Mobile No. _____ Vaccine Name: _____ No. of Doses: _____

Mobile : _____ Relation with Mehram (If Female Applicant): _____

3) Applicant's Name (as per passport)

Mehram Name (If Female Applicant):

Passport No.

Passport Expiry

Sur Name: _____

Given Name: _____ CNIC ☐☐☐☐☐☐ - ☐☐☐☐☐☐☐ - ☐ Date of Birth ☐☐ - ☐☐ - ☐☐☐☐

If Hajj then specify: Farz ☐ Nafal ☐ Badal ☐ Are you Married? Yes ☐ No ☐ Gender: ☐ Male ☐ Female Blood Group: _____

Postal Address (Res): _____

Occupation : _____ Mobile No. _____ Vaccine Name: _____ No. of Doses: _____

Mobile : _____ Relation with Mehram (If Female Applicant): _____

4) Applicant's Name (as per passport)

Mehram Name (If Female Applicant):

Passport No.

Passport Expiry

Sur Name: _____

Given Name: _____ CNIC ☐☐☐☐☐☐ - ☐☐☐☐☐☐☐ - ☐ Date of Birth ☐☐ - ☐☐ - ☐☐☐☐

If Hajj then specify: Farz ☐ Nafal ☐ Badal ☐ Are you Married? Yes ☐ No ☐ Gender: ☐ Male ☐ Female Blood Group: _____

Postal Address (Res): _____

Occupation : _____ Mobile No. _____ Vaccine Name: _____ No. of Doses: _____

Mobile : _____ Relation with Mehram (If Female Applicant): _____

Nominee Name (relative & adult): _____ Nominee's relation with Family Head: _____

Nominee's CNIC#: _____ Nominee's Cell No. _____

Family Head's Signature

DATE: _____

NOTE: (i) Copy of CNIC & Passport. (ii) 2 Snaps 4x3cm (Light Blue Background) each of person. (iii) Vaccination Proof

For Office Use Only

Case forwarded by (Name & Emp. ID): _____

Branch Code: _____ Comments (if any): _____

Region & Area: _____ Case Type: ☐ Up-Front ☐ Installment

BM / OM Sign, stamp & Date: _____