UMRAH GENERAL INFORMATION FORM

Meezan Bank
The Premier Islamic Bank

Meezan Labbaik

Serial No : _____

Package Category : _____

1) Applicant's Name (as per passport) | Relation with Mehram | Passport No. | Passport Expiry

Sur Name: _____ _____ _____ _____

GivenName: _____ CNIC ☐☐☐☐☐-☐☐☐☐☐☐☐-☐ Date of Birth ☐☐-☐☐-☐☐

If Hajj then specify: Farz ☐ Nafal ☐ Badal ☐ Are you Married? Y N Gender: M F Blood Group: ☐

Postal Address (Res): _____

Contact No. (Res): _____ Occupation : _____

Mobile : _____ Mehram Name: _____

2) Applicant's Name (as per passport) | Relation with Mehram | Passport No. | Passport Expiry

Sur Name: _____ _____ _____ _____

GivenName: _____ CNIC ☐☐☐☐☐-☐☐☐☐☐☐☐-☐ Date of Birth ☐☐-☐☐-☐☐

If Hajj then specify: Farz ☐ Nafal ☐ Badal ☐ Are you Married? Y N Gender: M F Blood Group: ☐

Postal Address (Res): _____

Contact No. (Res): _____ Occupation : _____

Mobile : _____ Mehram Name: _____

3) Applicant's Name (as per passport) | Relation with Mehram | Passport No. | Passport Expiry

Sur Name: _____ _____ _____ _____

GivenName: _____ CNIC ☐☐☐☐☐-☐☐☐☐☐☐☐-☐ Date of Birth ☐☐-☐☐-☐☐

If Hajj then specify: Farz ☐ Nafal ☐ Badal ☐ Are you Married? Y N Gender: M F Blood Group: ☐

Postal Address (Res): _____

Contact No. (Res): _____ Occupation : _____

Mobile : _____ Mehram Name: _____

4) Applicant's Name (as per passport) | Relation with Mehram | Passport No. | Passport Expiry

Sur Name: _____ _____ _____ _____

GivenName: _____ CNIC ☐☐☐☐☐-☐☐☐☐☐☐☐-☐ Date of Birth ☐☐-☐☐-☐☐

If Hajj then specify: Farz ☐ Nafal ☐ Badal ☐ Are you Married? Y N Gender: M F Blood Group: ☐

Postal Address (Res): _____

Contact No. (Res): _____ Occupation : _____

Mobile : _____ Mehram Name: _____

Nominee Name (relative & Adult): _____ Nominee's relation with Mehram: _____

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

_____

MEHRAM's SIGNATURE DATE: _____

NOTE: (i) Copy of CNIC & Original Passport. (ii) 3 Snaps 4x6cm (Light Blue Background) of each person.

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: _____