

**CLAIM FORM**  
**(UNDER HUJJAJ MUHAFIZ SCHEME)**

Hajj Application No. \_\_\_\_\_

1. Name of deceased hajji: \_\_\_\_\_
2. Father / Husband name: \_\_\_\_\_
3. Gender: \_\_\_\_\_
4. CNIC No. \_\_\_\_\_
5. Passport No. \_\_\_\_\_
6. Address: - \_\_\_\_\_
7. Name of claimant (Nominee / Legal heir) \_\_\_\_\_
8. CNIC of claimant: \_\_\_\_\_
9. Nominee relationship with deceased: \_\_\_\_\_  
Contact: Phone no. \_\_\_\_\_ Cell No. \_\_\_\_\_
10. Detail/Cause of loss:(death/disability/illness etc)
11. Address of claimant: - \_\_\_\_\_
12. Date of departure for hajj: - \_\_\_\_\_
13. Date of death in KSA: - \_\_\_\_\_
14. Amount of claim: \_\_\_\_\_
15. Name of Bank branch \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ Bank Account No. \_\_\_\_\_
16. **Supporting documents required: -**
  - i. CNIC of deceased hajji.
  - ii. CNIC. Nominee.
  - iii. Affidavit duly signed by all family members in favour of nominee for payment of compensation along with their copies of CNICs.
  - iv. Death Certificate of Hajji.
  - v. Succession Certificate issued by NADRA / Court of Law.
  - vi. Family Registration Certificate (FRC) / Form-B of the deceased family.

**Signature of claimant** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To:**

**Accounts officer (Refund)**  
Ministry of Religious Affairs & Interfaith Harmony,  
1st Floor, Kohsar Block, Pak Secretariat,  
**ISLAMABAD.**