CLAIM FORM
(UNDER HUJJAJ MUHAFIZ SCHEME)

Hajj Aplication 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 decreased 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.