GOVERNMENT OF PAKISTAN
MINISTRY OF RELIGIOUS AFFAIRS AND INTER-FAITH HARMONY
******

SUBJECT: PROCEDURE FOR CHANGE OF OFFICE ADDRESS OF ZAIREEN GROUP ORGANIZERS (ZGOS)

I am directed to state that in light of Clause-8(vi) of Ziareen Management Policy-2021, the Secretary, Ministry of Religious Affairs and Interfaith Harmony, has been pleased to approve the procedure for change of office address of registered/licensed Zaireen Group Organizers (ZGOs).

2. Accordingly, all registered/licensed ZGOs intending to change their registered office address shall be required to follow the approved procedure and submit the requisite documents and application to the Ministry through the concerned Directorate of Hajj for further processing.

3. The Directors (Hajj), Islamabad, Lahore, Karachi, Peshawar, Quetta and Multan are, therefore, requested to ensure implementation of the approved procedure in letter and spirit. They are also requested to facilitate the concerned ZGOs, undertake physical verification of the proposed office address, wherever required under the procedure, and forward the complete cases along with their verification reports to this Ministry for further necessary action.

4. A copy of the approved procedure is enclosed herewith for information, guidance and strict compliance.

Ashar Mahmood
SO (Ziarat)

Director (Hajj)Islamabad, Ministry of Religious Affairs and Inter-Faith Harmony(MORA), Islamabad
Director (Hajj)Lahore, Ministry of Religious Affairs and Inter-Faith Harmony(MORA), Islamabad
Director (Hajj)Karachi, Ministry of Religious Affairs and Inter-Faith Harmony(MORA), Islamabad
Director (Hajj)Peshawar, Ministry of Religious Affairs and Inter-Faith Harmony(MORA), Islamabad
Director (Hajj)Multan, Ministry of Religious Affairs and Inter-Faith Harmony(MORA), Islamabad
Assistant Director (Hajj)Quetta, Ministry of Religious Affairs and Inter-Faith Harmony(MORA), Islamabad

Ministry Of Religious Affairs And Inter-Faith Harmony No.3(1)/2026- ZIARAT-0002
Dated 05 November , 2026

Copy for information to:-

1- Joint Secretary (D&Z), MORA, Islamabad
2- Deputy Secretary (D&Z), MORA, Islamabad
3- DD (IT), MORA, Islamabad

Abdur Rahim
APS (SO Ziarat)
12 November, 2026, 03:46:20 PM

PROCEDURE FOR CHANGE OF ADDRESS OF ZIARAT COMPANY

1. Submission of Application:

The Chief Executive of the Ziarat Company shall submit the prescribed Application/Check-list for Change of Address of Ziarat Company to the concerned Hajj Directorate, indicating the existing and proposed address and the nature of change, i.e. Within-City or Outside-City.

2. Deposit of Fee and Submission of Documents:

The prescribed fee of Rs.10,000/- for Intra-City and Rs.15,000/- for Inter-City change of address shall be deposited under Head C03829 – Other Receipts – Fees and Forfeitures. The application shall be accompanied by all documents specified in Part-B of the prescribed Check-list.

3. Documentary Scrutiny:

The concerned Hajj Directorate shall scrutinize the application and supporting documents for completeness and compliance with the prescribed requirements. In case of any deficiency, the applicant shall be required to remove the deficiency before further processing of the case.

4. Physical Verification:

Upon completion of documentary scrutiny, the concerned Hajj Directorate shall conduct physical verification of the proposed premises to verify their existence, occupation, accessibility and suitability for Zaireen. The prescribed Physical Verification Report shall be recorded accordingly.

5. Recommendation by Hajj Directorate:

Upon completion of documentary scrutiny and physical verification, the Director, Hajj Directorate shall record a recommendation regarding issuance of NOC for change of address and forward the complete case to the Ministry.

6. Ministry Scrutiny:

The concerned SO (Ziarat) shall scrutinize the complete case for compliance with the prescribed requirements. Where any clarification or additional document is required, the same shall be obtained from the applicant or concerned Hajj Directorate. Upon completion of scrutiny, the case shall be submitted to the Competent Authority through the prescribed channel.

7. Decision by Competent Authority:

The Competent Authority may approve, not approve or defer the request for change of address, as deemed appropriate.

8. Issuance of NOC and Updating of Record:

In case of approval, the Ministry shall issue a NOC for change of address, specifying the name and enrolment/registration number of the Company, existing address and approved new address. The approved address shall thereafter be updated in the relevant official record.

9. Conditions:

The approval shall be limited to the change of address and shall not constitute approval of any change in the ownership, management or legal status of the Company. The Company shall operate from the approved premises and comply with all applicable rules, policies and directions of the Ministry. Any subsequent change of address shall require prior approval through a fresh application.

PROCESS FLOW

Submission of Application → Deposit of Fee & Documents → Documentary Scrutiny → Removal of Deficiency, if any → Physical Verification → Recommendation by Hajj Directorate → Ministry Scrutiny → Submission to Competent Authority → Decision → Issuance of NOC → Updating of Official Record

GOVERNMENT OF PAKISTAN
MINISTRY OF RELIGIOUS AFFAIRS & INTERFAITH HARMONY

APPLICATION / CHECK-LIST FOR CHANGE OF ADDRESS OF ZIARAT COMPANY

To:
The Director, Hajj Directorate _____

PART–A: PARTICULARS OF THE COMPANY

Sr. No.	Particulars	Details
1	Name of Ziarat Company	_____
2	Registration/SECP Incorporation No.	_____
3	Existing Address	_____
4	Proposed New Address	_____
5	Nature of Change	☐ Within City ☐ Outside City
6	Name of Chief Executive	_____
7	Contact No.	_____
8	Email Address	_____

PART–B: DOCUMENT CHECK-LIST

The following documents are required to be attached with the application:

Sr. No.	Required Document	Attached	Remarks
1	Request from Chief Executive on Company's letterhead	☐	
2	Treasury receipt of **Rs.10,000/- (Intra-City)** / **Rs.15,000/- (Inter-City)** under Head **C03829 – Other Receipts – Fees and Forfeitures**	☐	
3	Attested copy of existing **Form-21/ Digital Certified True Copy (CTC) of Form 21**	☐	
4	Attested copy of **Form-29/Form-9/ Digital Certified True Copy (CTC) of Form 29**, indicating names of Management	☐	
5	Latest attested **Form-A issued by SECP**	☐	
6	Undertaking of Chief Executive and Consent of all Directors/Shareholders and Chief Executive, indicating previous and proposed new address, on **Rs.100/- stamp paper**, duly attested by Notary Public (Sample Attached)	☐	
7	Attested copy of valid **Rent Agreement of proposed premises**	☐	
8	Proof of ownership/occupation of proposed premises, e.g. **Property Registry/Allotment Letter**	☐	

PART–C: UNDERTAKING BY CHIEF EXECUTIVE

Form-I(CoA)

(To be furnished on Stamp Paper of Rs.100/-)

A. PARTICULARS OF COMPANY

Particular	Details
Name of Company	_____
Enrollment No.	_____
Existing Registered Office Address	_____
Proposed New Office Address	_____

I, _____, Chief Executive of **M/s**_____, hereby undertake that:

1. The **previous address** of the Company is:

   _____

   as reflected in **Form-21/ Digital Certified True Copy (CTC) of Form 21 of SECP**.

2. The **proposed new address/location** of the Company is:

   _____

3. The cogent reasons for change of address are:

   _____

   _____

4. The proposed change of address shall **not adversely affect the interests, convenience or services of Zaireen**.
5. All information and documents submitted in support of this application are true and correct to the best of my knowledge and belief.

Name of Chief Executive: _____

CNIC No.: _____

Signature: _____ **Date:** _____

Company Stamp: _____

PART–C-1: CONSENT OF DIRECTOR(S) / SHAREHOLDER(S)

B. CONSENT / DECLARATION

We, the undersigned Director(s)/Shareholder(s) and Management of **M/s** _____ **(Pvt.) Ltd.**, **Enrollment No.** _____, do hereby declare on solemn affirmation and undertake that the Management of **M/s**

_____ has **no objection** to the change of office address/location from the existing address to the proposed address as mentioned above:

iii. That the proposed new office address of **M/s** _____ is easily approachable and accessible for the pilgrims/Zaireen.

iv. That the interests of the **Zaireen shall not suffer** as a result of the proposed shift/change of office address.

v. That the information provided above is true and correct to the best of our knowledge and belief.

C. DETAILS OF DIRECTOR(S) / SHAREHOLDER(S)

Sr. No.	Name	Designation	CNIC No.	Signature	Thumb Impression
1					
2					
3					

D. DECLARATION BY DEPONENTS

We hereby solemnly affirm that the contents of this consent/declaration are true and correct to the best of our knowledge and belief and nothing material has been concealed therefrom.

Place: _____

Date: _____

E. ATTESTATION

DEPONENT(S)

Signatures of all Director(s)/Shareholder(s):

1. _____
2. _____
3. _____

Company Stamp: _____

F. NOTARIAL ATTESTATION

Attested by Notary Public

Name: _____

Signature & Seal: _____

Date: _____

PART–D: VERIFICATION BY HAJJ DIRECTORATE

Physical Verification Report

It is certified that the office premises of M/s _____

at _____

have been physically verified by the undersigned and the premises were found:

☐ **Satisfactory**
☐ **Not Satisfactory**

Observations, if any:

_____

_____

Name: _____
Designation: Director, Hajj Directorate _____
Signature: _____
Date: _____
Official Stamp: _____

PART–E: RECOMMENDATION OF HAJJ DIRECTORATE

The application along with the requisite documents has been examined and the physical verification has been carried out.

Recommended for obtaining NOC: ☐ Yes ☐ No

Remarks:

_____

_____

Director, Hajj Directorate
Signature: _____
Date: _____
Official Stamp: _____

PART–F: FOR USE IN MINISTRY

Scrutiny by SO (Ziarat):

Documents checked: ☐ **Complete** ☐ **Deficient**

NOC: ☐ **Recommended** ☐ **Not Recommended**

Remarks:

_____

_____

SO (Ziarat)
Signature: _____
Date: _____

PART–G: DECISION

☐ **Approved**

☐ **Not Approved**

☐ **Deferred / Further information required**

Competent Authority: _____

Signature: _____ **Date:** _____

Note: The Ministry may require any additional document/information considered necessary for processing and deciding the request for change of address.

Abdur Rahim
APS (SO Ziarat)
13 November 2025 03:48:21