

KERALA STATE HAJ COMMITTEE
Haj Pilgrim Cancellation Request Form

DETAILS OF PILGRIM TO BE CANCELLED					
NAME					
PASSPORT NO.			COVER NO.		
REASON FOR CANCELLATION					
DETAILS OF PAYMENT	NO.OF Installment	Amount	Date of Payment	Branch Name	Branch Code
Bank Details of Cancelled Pilgrim					
Name of Bank	Account No.	Name of Branch		Branch Code	IFS Code
In case of Death Details of Nominee who apply for cancellation of the pilgrim					
Name					
Relation			BANK DETAILS OF NOMINEE		
Name of Bank	Account No.	Name of Branch		Branch Code	IFS Code
Details of Enclosures Please (Tick)	Claim Letter	Copy of Pay-in-Slip		Medical / Death Certificate	Any Other (Please specify)

Date :

Signature:

Place:

Name :

FOR OFFICE USE ONLY:-

Remarks of Kerala State Haj Committee: