



Sky View Travels Ltd, 1-2 Station Bridge, Woodgrange Road, Forest Gate, London E7 0NE

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H A J J B O O K I N G F O R M

Please complete this form in BLOCK capitals with BLACK ink and return to the office.

FOR OFFICE USE ONLY	
R E M A R K S	No. of Passengers:
	<input type="checkbox"/> Adult: <input type="checkbox"/> Child: <input type="checkbox"/> Infant:
	Safa Package:
	<input type="checkbox"/> 14 days <input type="checkbox"/> 20 days <input type="checkbox"/> _____days
	Marwa Package:
	<input type="checkbox"/> 14 days <input type="checkbox"/> 20 days <input type="checkbox"/> _____days
	No. of Rooms required:
<input type="checkbox"/> DBL <input type="checkbox"/> TPL <input type="checkbox"/> QUD <input type="checkbox"/> _____	

SECTION 1: PRIMARY CONTACT PERSON

Title: Mr Mrs Miss Ms Others

First Name(s)		Surname	
Date of Birth	DD / MM / YYYY	Nationality	

SECTION 2: ADDRESS DETAIL

		Telephone	
		Mobile No	
		Email	

SECTION 3: OTHER GROUP MEMBERS

Please list here the other members travelling with you

Surname	First name / Other names	Relationship	Date of Birth for Kids
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY
			DD / MM / YYYY

Please note that the Visa Application Form for each individual will have to be filled in at a later date.

SECTION 4: SPECIAL REQUIREMENTS

Please state any medical conditions (any member of your group) has and medications required during Hajj:

SECTION 5: EMERGENCY CONTACT

Name		Tel (Home)	
Address		Tel (Work)	
		Mobile	
		Email	
		Relationship to you	

SECTION 6: DISABILITY MONITORING

1) Do you consider yourself (or any member of your group) to have any disability? Yes No

If 'Yes' please tick the box below-

- Dyslexia Blind/Partially sighted Deaf/Hearing impairment Wheelchair user/ Mobility difficulties
- Personal care support Mental health difficulties Unseen Disability Others

SECTION 7: DECLARATION

I confirm that I am the leader of this group. I have read and agree to abide by the conditions of Sky View Travels Limited for this Hajj package. I also confirm that the above members have been told and they agree to the terms and conditions.

I enclose a payment of GBP £..... being the deposit of GBP £1,000 per person for persons.

I understand that in the event of cancellation the deposit will be forfeited towards admin expenses.

I declare that the information contained in this form and any accompanying documents have been submitted by me are true, complete and correct to the best of my knowledge.

Signature

Full Name

Date

DD / MM / YYYY



Hajj Licence



Umrah Licence



We are fully bonded Tour Operator IATA Agent & ATOL 9077