



Booking Form

Please fill in the form. Names should be exactly as it appears on the passport.

Title: Surname:

Other Name(s):

Address:

 Postcode:

Email Address:

Telephone Numbers: Home Work Mobile

Date & Place of Birth: Profession:

Previous Nationality: Present Nationality:

Reference No: Sex: Male Female

Name of Mahram: Relationship to Mahram:

For female applicants only
Mother's Name: Sect:

Passport Number: Issuing Authority:

Date of Issue: Expiry Date:

Room Occupancy: Single Double Triple Quad Other, please specify:

Have you performed Umrah before?: Yes No

If you are travelling as a group and would like communications to be sent to the lead passenger, please provide their name

How did you hear about us?: Recommendation Direct Mail Google Search Other Existing Customer Other (Please State)

Medical Information

Please state below details of any medical conditions that may affect your journey. Enter number of wheelchair users (If any):

Emergency Contact

Name: Relationship:

Address:
 Postcode:

Telephone Numbers: Home Work Mobile

Payment

Cheque /postal order for the sum of £: payable to Salsabiil Travels as a non-refundable deposit for: passenger(s)
(The balance must be paid four weeks before the departure date)

Declaration

By signing this form I confirm that the information given on this form is true to the best of my knowledge. I have read and agree to abide by the terms & conditions of Salsabiil Travels. I also accept that cancellation fees may apply.

Signature: Date: