



Dear Brother/Sister,  
Salamaun Alaikum Wa Rehmatullah e Wa Barakatuh,

Congratulations! You have made the intention for going to Hajj this year. May Allah SWT shower his mercy on you and prove this sacred journey a successful one for you, insh'Allah.

Hajj is a difficult undertaking and is a test of endurance both physically and mentally. You are expected to undergo the tough rituals of Hajj, whilst extreme weather and scant civic facilities, with patience, forbearance and humility. But these difficulties are nothing in the face of the reward you have been promised by Allah SWT.

So let's get ready to answer the call of Allah SWT, by completing the following checklist:

- Completed Registration Form (See Page 2).**
- Completed Saudi Visa Form (See Page 4).**
- A check or Money order for \$5,650.00**
- One cashier check, made out to "THE UNITED AGENTS OFFICE", in the amount of \$275.00 should be sent per person. (This check will be submitted to Saudi authorities on arrival at Jaddah/Madina airport.**
- Four passport size photographs ( 2"x1.5").**
- Photo copy of the passport and Green card.**
- Original Passport.**
  - Passport must be valid for at least six (6) months and acceptable for entry to Saudi Arabia; the passport should have at least two empty visa pages adjacent to each other.**
- Women over the age of 45 must submit a NOTARIZED, no objection letter from her husband, son, or brother, stating the familial relationship and authorizing her to travel with the group. (See a sample No Objection Certificate on Page 3).**
- Women younger than 45 must travel along with their *Mahram* and proof of relationship must be submitted (See a sample Mahram Certificate on Page 3). If woman is married and her accompanying *Mahram* is not her husband, a no objection letter from her husband is required. If the woman is divorced, a copy of the divorce decree must be submitted. If the woman is widow, a copy of her husband's death certificate must be submitted.**
- If the applicant has converted to Islam, an Islamic certificate must be presented; this needs to be notarized by an Islamic Center.**
- Vaccination certificate for meningitis shot and meningitis shot and H1N1**

Please send your completed application to:

**Al-Khoei Benevolent Foundation  
Attn. Imam Al-Khoei Hajj Group  
89-89 Van Wyck Expwy.  
Jamaica NY 11435**

Should you have any questions or concerns, please feel free to get in touch with us.

May Allah SWT bless you.

Wassalam,

M. I. Razvi  
Cell: 347-244-3309  
Phone: 718-297-6520 ext: 116  
For Arabic: 347-247-5115



# IMAM AL-KHOEI HAJJ GROUP

Here I come O' Allah Here I come ...

**HAJJ APPLICATION**  
1432 Hijrah (2011)

## GENERAL INFORMATION

How did you hear about us (Please mark one and name the source):

Newspaper  Television  Internet  Reference      Name of Source: \_\_\_\_\_

## INFORMATION ON APPLICANT

Surname:	First Name:	Father's Name:	Mother's Name:
Street Address:		Place of Birth:	Date of Birth: / /
Apt / P. O. Box:	City:	State:	Zip Code:
Work Phone No: ( ) -		Cell Phone No: ( ) -	
Email Address: _____			

## PASSPORT INFORMATION

Passport No:	Date of Issue: / /	Issued at:	Date of Expiry: / /
Name as it appears on Passport:		Previous Nationality:	Present Nationality:
Have you visited Saudi Arabia before?	Type of visit:	When:	Where:
<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Liability and Responsibility:** The responsibility of Al-Khoei Benevolent Foundation, hereinafter called ABF (who will assist and guide Muslims to perform the Holy Hajj, and Ziyarat the correct way) or their agents is limited. They act only as agents for the Hajjis and Zuwar in making arrangements for the airlines, hotels, buses, or any other services in connection with the performance of Hajj, or Ziyarat and assume no liability whatsoever for injury, damage, loss, accident, delay, cancellations or irregularity which may be occasioned either by reason of defect, through the acts or defaults of any company or person engaged in conveying the Hajjis or Zuwar or in carrying out the arrangements of the Hajj, and Ziyarat trips, or as a direct or indirect result of acts of God, dangers incident to the air, fire, breakdown in machinery or equipment, acts of governments or other authorities de jure or de facto, wars, whether declared or not, hostilities, civil, disturbances, strikes, riots, theft, pilferage, epidemics, quarantines, medical or customs regulations, or from any causes beyond ABF's control, or from any loss or damage resulting from improper passports, visas or other documents. ABF will accept no responsibility for loss or additional expenses due to delay or changes in schedule or other causes and ABF shall not be liable or responsible for any inconvenience, loss, damage or injury arising in connection with such services. ABF will not be responsible for the failure to follow instructions, including but not limited to check-in and checkout times and baggage handling. In the event of delay, it is the responsibility of the airline to determine exactly what procedure will be followed. The policy chosen by that carrier shall be based on their procedure and shall not be the responsibility of ABF and its affiliates who will not be responsible for any person(s) missing any part of the Hajj, or Ziyarat, negligence or delay or absenteeism at any time during the Hajj, or Ziyarat trips and will not be responsible for any additional expenses for the participant to rejoin the trip. Moreover, no changes or upgrade in the program will be honored after departure nor will any refunds be given for any service rendered not utilized.

By agreeing to travel with ABF, I understand that the group has to obtain visas for the same. I agree to hold harmless the group, should it not be able to obtain the visa. I also understand that the group needs to make deposit the advance for airline, hotel & other reservations and do hereby agree that any deposit refunded, due to the inability to go for Hajj, will be less any of the deposits paid by the group and not refunded to the group.

I have read and fully understand the "Liability and Responsibility" as printed above and agree to the terms and conditions stated therein.

\_\_\_\_\_  
Signature of Applicant      \_\_\_\_\_  
Date

## FOLLOWING SECTION IS FOR OFFICE USE ONLY

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Payment Received: \$   | <input type="checkbox"/> Registration Form                    | <input type="checkbox"/> Original Passport        | <input type="checkbox"/> ACYW135 Certificate |
| <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash | <input type="checkbox"/> Cashier Checks                       | <input type="checkbox"/> No Objection Certificate |  |
| <input type="checkbox"/> Payment Received: \$   | <input type="checkbox"/> Four Passport Size Photographs       | <input type="checkbox"/> Mahram Certificate       |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cash | <input type="checkbox"/> Photocopy of Passport and Green Card | <input type="checkbox"/> Meningitis Certificate   |  |

Application Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Official Signature      \_\_\_\_\_  
Date



## NO OBJECTION CERTIFICATE

[Date]

To Whom It May Concern:

The undersigned ..... of **[Husband's Complete Street Address]**, give my full consent to my wife **[Name of Wife]** holder of **[Nationality and Passport #]** to travel on Hajj of 2007 in group.

**[Name and Signature by Husband]**

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## MAHRAM CERTIFICATE

[Date]

This is to certify that [Your Name], holder of **[Nationality and Passport #]** is the **[Relationship with Mahram]** of **[Name of Mahram]**, holder of **[Nationality and Passport # of Mahram]** and is traveling with him on Hajj of 2007 in the group as his Mahram.

Minister of Religion



سفارة المملكة العربية السعودية  
القسم القنصلي  
واشنطن

EMBASSY OF SAUDI ARABIA  
CONSULAR SECTION  
601 New Hampshire Avenue, N. W.  
Washington, D.C. 20037



الإسم الكامل: Full name:  
إسم الأم: Mother's name:  
محل الولادة: Date of birth: تاريخ الولادة: Place of birth:  
الجنسية الحالية: Present nationality: الجنسية السابقة: Previous nationality:  
الحالة الإجتماعية: Marital Status: الجنس: Sex:  أنثى Female  ذكر Male  
الديانة: Religion:  
المهنة: المؤهل العلمي: Profession: مصدره: Qualification: Place of issue:  
عنوان المنزل ورقم الهاتف: Home address and telephone No:  
العنوان البريدي: Email address:  
عنوان الشركة (المؤسسة) ورقم الهاتف: Business address and telephone No:

الغاية من السفر: Purpose of travel:  عمل Work  مرور Transit  زيارة Visit  عمرة Umrah  إقامة Residence  حج Hajj  دبلوماسية Diplomacy  
رقم الجواز: محل الإصدار: تاريخ الإصدار: تاريخ انتهاء صلاحية الجواز: Passport No: Place of issue: Date of issue: Date of expiration:  
تاريخ المغادرة: تاريخ الوصول: مدة الإقامة بالمملكة: Date of departure: Date of arrival: Duration of stay in the Kingdom:  
طريقة الدفع ( ) مجاملة ( ) نقداً ( ) ب شيك رقم: تاريخ: ( ) ب شيك رقم: تاريخ: ( ) إيصال رقم: تاريخ: Mode of payment: ( ) Gratis ( ) Cash ( ) Cheque No. Date: ( ) Rcpt. No. Date:  
اسم المهرم: صلته: Relationship of person travelling with:

اسم الشركة الناقلة: اسم الشركة: Destination: جهة الوصول بالمملكة: Carrier's name:

إيضاحات تخص أفراد العائلة (المضافين) على نفس جواز السفر: Dependents travelling on the same passport:

نوع الصلة Relationship	تاريخ الميلاد Date of birth	الجنس Sex	الإسم بالكامل Name in Full

اسم وعنوان الشركة أو اسم الشخص وعنوانه بالمملكة: Name and address of company or individual in the Kingdom:

I, the undersigned hereby certifies that all the information provided is correct.  
I will abide by the laws of the Kingdom during the period of my residence.

أنا الموقع أدناه أقر بأن كل المعلومات التي دونتها صحيحة  
وسأكون ملتزماً بقوانين المملكة أثناء فترة وجودي بها.

الإسم: Name: التوقيع: Signature: التاريخ: Date:

**For official use only:**

للاستعمال الرسمي فقط:

رقم الأمر المصدق عليه في إعطاء التأشيرة: تاريخه: Authorization: Date:

زيارة - العمل لدى: Visit/Work for:

أمره برقم: وتاريخ: Visa No.: Date:

مدتها: نوعها: المبلغ المحصل: Duration: Type: Fee Collected:

رئيس القسم القنصلي  
Head of consular section

مدقق البيانات  
Checked by:

**To Be Completed in Full by the Applicant:**

Name in Full \_\_\_\_\_ Nationality \_\_\_\_\_

Company name \_\_\_\_\_

Company or home address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Your Travel Agency Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

Approximate date of arrival in Saudi Arabia \_\_\_\_\_ Via Airline \_\_\_\_\_ Flight No. \_\_\_\_\_

City of Embarkation \_\_\_\_\_ Port of Entry \_\_\_\_\_