

ISTIQAAMA MOTHERCARE - REGISTRATION FORM FOR HAJJ 2026

Personal Information

Full Name _____

Place of Birth _____

Date of Birth _____

Residential Address _____

Phone Number _____

Nationality _____

Passport Number _____

Passport Issue Date _____

Passport Expiry Date _____

Previous Hajj Experience (Year) _____

Emergency Contacts

Relative 1 Name _____

Relative 1 Phone Number _____

Relative 1 Relationship _____

Relative 2 Name _____

Relative 2 Phone Number _____

Relative 2 Relationship _____

Package Selection

Select one of the following:

- ☐ Full Hajj Package (Class D): USD 6,500
- ☐ Hajj Facilitation Only: USD 2,500
- ☐ Class A (Contact Dr. Naufal via WhatsApp: +255773047979)

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Agreement

I hereby declare my intent to perform Hajj in 2026 and agree to the terms of accommodation, transport, and food as provided by Zanzibar Istiqaama Hajj & Travelling Agency (ZIHATA). I understand the payment obligations and confirm the accuracy of the information provided above.

Signatures

Pilgrim Signature _____

Agency Representative Signature _____

Agency Representative Full Name _____

Date _____

Agency Contact Information

Phone: +255777411457

Fax: +255245500486

Email: zihatavikokotoni@yahoo.com