.

**Bank Name _____**

## Statement for Remittances by Hajj Group Organizers (HGOs) for Hajj Season_____

Dated: _____

| S. No | Name & Address of HGO | Total Hajj Quota | Date of Transaction | Name & Address of Beneficiary | Mode of Remittance (FDD/TT/ SWIFT) | Transaction Amount & Currency | Amount Transferred/ Remitted previously | Total Remittances (in Saudi Riyal) (7 + 8 = 9) | Total Remittances (in equivalent USD) | Remarks (if any) |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| | | | | | | | | | | |
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