

Name of the Authorized Dealer \_\_\_\_\_

**Remittances by Authorized Dealers on behalf of Umrah Organizers**

For the Month of \_\_\_\_\_

Name of Umrah Organizer: \_\_\_\_\_

Registration/License No. \_\_\_\_\_

Dated \_\_\_\_\_

Sr. No.	Name & City of Pilgrim	CNIC/ Passport No. of Pilgrim	Detail of Umrah Package (Amount in PKR)	Date of departure of pilgrim	Name & Address of Vendor/ Services Provider (Beneficiary)	Type of Service (Accommodation, Transportation, Visa fee/charges etc.)	Date & Number of Invoice/ Contract	Outward Remittance (in eq. USD)	Date and Number of Form "M"	Amount repatriated (in eq.USD) if any.	Remarks
			Economy <input type="checkbox"/> / Executive <input type="checkbox"/> With ticket <input type="checkbox"/> / Without ticket <input type="checkbox"/> No. of Days _____					Remittance <input type="checkbox"/> Advance Remittance <input type="checkbox"/>			
1	2	3	4	5	6	7	8	9	10	11	12
							<b>Total</b>				

I/we declare/undertake that the information provided in this annexure is true to the best of my/our knowledge and belief and I/we assume full responsibility for any omissions/errors therein.

\_\_\_\_\_  
Authorized Signature(s)  
of Umrah Organizer

\_\_\_\_\_  
Checked and Verified by  
Authorized Dealer