

Medical/Next of Kin Form

Your Details

Surname

Occupation

Forenames

Company

Home Address

Work Address

Postcode

Postcode

Telephone

Telephone

Mobile

Fax

Please disclose any
Medical Conditions
(Including Snoring)

Next of Kin 1

Name

Relationship to You

Address

Postcode

Telephone

Mobile / Work

Next of Kin 2

Name

Relationship to You

Address

Postcode

Telephone

Mobile / Work

DECLARATION

I have read and accepted to meet fully with the terms of Al-Hajj & Umrah / or Umrah only arranged by El-Sawy Travel Ltd to the Kingdom of Saudi Arabia. I understand to the best of my knowledge that this trip is not a holiday, it is a difficult religious trip through certain Saudi cities, roads and sites which are subject to the terms of Saudi law and order, customs and way of life during this special annual season - Hence it's terms and conditions are not subject of British Law. I have been advised to make my own travel insurance if I am worried and I know that this trip once booked is not refundable.

Signature

Date



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