

Date / _____

Package Information

Agency Box No.	Service Provider Information	Name: Contact : Agreement code:
	Package Itinerary	Date of travel: Fl. Carrier & Reference: Duration of stay: _____ Days

Care of the Consular Section,

Royal Embassy of Saudi Arabia – Manila

Enclosed the agency requesting for _____

Pilgrimage Information

Name	Passport#	MO. Reference	E-Code

Indication of mahram and attached status of taken vaccination

Remarks:

Attached copy of passport and contractual agreement

Authorized signatory