Government of Pakistan  
Ministry of Religious Affairs & Interfaith Harmony  
(Umrah Section)

APPLICATION FORM FOR ATTESTATION OF CONTRACT AGREEMENT

<table>
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<tr>
<th>S#</th>
<th>PARTICULARS</th>
<th>Yes/No</th>
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</table>
| 1  | **Profile of Tour Operator:**  
     i) Legal Name  
     ii) Registration Number  
     iii) Date of Establishment  
     iv) valid up to  
     v) Office Address  
     vi) Approved and Authorized Branch Office  
     vii) website & email address |        |
| 2  | **Profile of Saudi Umrah Company:**  
     Copy of Contract/Agreement each page of the contract documents duly signed and stamped by the parties. |        |
| 3  | Umrah packages details/specifications be provided/enclosed. |        |
| 4  | **Valid license from the Department of Tourism Services (DTS).**  
     (Must have validity of 06 Months at the time of submission for attestation to this Ministry.) |        |
| 5  | **Valid Membership of IATA.**  
     Valid up to 31st December 2019 (Current Year) OR Fee deposit receipt for renewal for the next year (2020) at the time of submission for attestation. However, validity of the membership must be provided at the end of 28th February, 2020 of the next year. |        |
| 6  | **An undertaking on stamp paper Rs.100/-**  
     (As per Format-I) |        |
| 7  | **No pending complaint Certificate by the Department of Tourist Services**  
     (As per Format-II) |        |
| 8  | Detail of Registration with any other organization such as SECP etc |        |
| 9  | **Bank Accounts Numbers of both the parties.** |        |
| 10 | **Three Specimen signature of owner/Authorized person duly attested by**  
    Head of DTS  
    (As per Format-III) |        |
| 11 | **Attestation Fee Rs 5000/- Account Title, Ministry of Religious Affairs Interfaith Harmony, Account No 3035053332 Branch 0341 National Bank Main Civic Center Melody Islamabad, or Draft/Pay order** |        |

Signature and Name of Owner,  
Date with active Phone Number  
Stamp of Tour operators.
UNDERTAKING

We, M/s. ____________________________ address and IATA approved agent holding registration No. ______________________ DTS License No. ___________ Valid up to ___________ do solemnly declare that we have made legal contract with the Kingdom of Saudi Arabia (KSA) Co. M/s. _______________ Registration/License No. ___________ address _______________ Umrah Services for the year ___________ hereby undertake that:

i. Our agency is not blacklisted by the Kingdom of Saudi Arabia or any other forum in Pakistan and that the agency shall abide by all the instructions and procedures laid down by the Kingdom of Saudi Arabia as well as Ministry of Religious Affairs and Interfaith Harmony Government of Pakistan from time to time.

ii. A total number of ________ Umrah Zaareen were sent to KSA during the last year 2018-19 A.D. (1440 AH) out of which ________ number of Ziareen returned back during given time and ________ number of Ziareen escaped.

iii. Mehram will be accompanied with female client as per requirement of the Embassy of Kingdom of Saudi Arabia.

iv. We are having a valid membership of IATA for the current year i.e.2019 and fee for renewal for next year (2020) shall be deposited and provided to Ministry of Religious Affairs & Interfaith Harmony by 15th November,2019 without fail otherwise our Attestation of Umrah Contract Documents may be deemed cancelled.

2. We also hereby undertake to abide by all the Rules, Regulations/ Policy Instructions of the M/o Religious Affairs and Interfaith Harmony of Government of Pakistan as well as instructions and procedures laid-down by the Royal Kingdom of Saudi Arabia. The Ministry of Religious Affairs and Interfaith Harmony reserves the right to withdraw its attestation in case of mis-statement / violation.

Signature of the Owner of Tour operator
Contact Number
Stamp

Attestation by Notary Public
On Stamp Paper of Rs. 100/-
GOVERNMENT OF
MINISTRY/DEPARTMENT OF TOURISM

Reference No: _____________ Dated: ____________

CERTIFICATE

Certified that M/S. ___________________ Travel / Tours Agency License No. _________ date of Establishment _________ renewed / valid up to ___________ Main office address _________ District _______ and Branch office _________ District _________

Owner Mr. _________ CNIC No. _________ and Mr. _______ S/o ______ CNIC No. _________ as authorized person _________ is working in the Province of ______ District ______ since _________ and there is no pending complaint from any Umrah Pilgrim or Public regarding its conduct/services.

Secretary OR Additional Secretary in Provinces
Joint Secretary concerned of Ministry of Inter Provincial Coordination
Official Stamp
GOVERNMENT OF
MINISTRY/DEPARTMENT OF TOURISM

Reference No: _____________  Dated: _____________

SPECIMEN SIGNATURE

Certified that Specimen signature of Owner Mr/Mrs _________ CNIC No__________ of M/s _________ Tour Operator license No.______ Or Specimen signature of Authorized Person of M/S _________ Tour Operator Mr. _____ S/o _______ CNIC No_______ is as under:-

THREE SPECIMEN SIGNATURE OF OWNER:

1. __________________________
2. __________________________
3. __________________________

THREE SPECIMEN SIGNATURE OF AUTHORIZED PERSON:

1. __________________________
2. __________________________
3. __________________________

Head of Department of Tourist Services
Official Stamp