



ISLAMIC MEDICAL ASSOCIATION OF NIGERIA

# IMAN TRUST

INTEREST FREE COOPERATIVE SOCIETY  
UNIVERSITY OF ILORIN TEACHING HOSPITAL

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Affix  
Passport  
Photograph  
(White background)

## HAJJ FORM

State Pilgrim

International Pilgrim

Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Marital status: \_\_\_\_\_

Sex: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

### Mahram Consent /Next of Kin notification

I \_\_\_\_\_ of \_\_\_\_\_

hereby give consent to this application as next-of- kin to the applicant. I have also been dully informed about the plan and conditions of mahram for female pilgrim.

Relationship with applicant \_\_\_\_\_ Tel: \_\_\_\_\_ Sign \_\_\_\_\_ Date: \_\_\_\_\_

### READ

- \* IMAN Trust operates a not-for-profit hajj portfolio to facilitate members, friends and families to fulfil the 5th pillar of Islam with ease.
- \* Intending pilgrim must submit completed hajj form to our secretariat not later than six(6) month ahead of the targeted hajj.
- \* You are advised to build up your savings up to 2/3rd of hajj fee for that year.
- \* Weather you pay in-full or instalments, we will manage your hajj savings account with us to accomlis every stage of the hajj process on your behalf within set deadlines, taking advantage of our membership and capital pool.

### HAJJ

**State:** Subscriber will be responsible for getting slot with the state pilgrim board, while IMAN-Trust provides access to fund.

**International:** IMAN-Trust will secure a slot for you as part of the total package, group booking and funding.

### CHECK LIST

Intending pilgrim should get the following ready and submit to the secretariat as soon as possible.

- International passport
- 12 Passport photographs (White background)
- Blood group/genotype result
- Immunization/Yellow card

### Optional subscription

Group transportation: Ilorin ⇌ MMA Lagos



Others

Pilgrim guide

Adkar Book

## SURETY

To be filled by a member of IMAN Trust who is supporting this application

Name: \_\_\_\_\_ IMAN-Trust No: \_\_\_\_\_

Phone No: \_\_\_\_\_ IPPS No: \_\_\_\_\_ Email: \_\_\_\_\_

Department \_\_\_\_\_ Unit: \_\_\_\_\_ Sign: \_\_\_\_\_

**Witness:** Name: \_\_\_\_\_

Telephone \_\_\_\_\_ Sign \_\_\_\_\_

**Witness:** Name: \_\_\_\_\_

Telephone \_\_\_\_\_ Sign \_\_\_\_\_

## MODE OF SAVINGS/PAYMENT

- Full       Instalment       Deduction from salary source  
 Cash to Bank       Postdated cheque       Electronic transfer       Others

OPENING DEPOSIT

₹

Date

Amount in words \_\_\_\_\_

TARGET

₹

Date

Amount in words \_\_\_\_\_

## SAVINGS PLANNER

First Bulk payment	1	2	3	4	5	6
	7	8	9	10	11	12

## ATTESTATION

I \_\_\_\_\_ hereby declared

that all information supplied by me are correct. \_\_\_\_\_

Signature

## OFFICIAL USE

Hajj Committee Chairman

Approved  Rejected

UIITH Imam

Approved  Rejected

President

Approved  Rejected

**May Allah (SWT) grant you accepted Hajj experience**