

GOVERNMENT OF SIERRA LEONE

PRESIDENTIAL HAJJ TASKFORCE SECRETARIAT

Old Gym House, Bank of Sierra Leone Complex, Kingtom, Freetown Tel: +23273292929; Email: info@sierraleonehajj.org; Website: www.sierraleonehajj.org

HAJJ 2025 APPLICATION FORM

TIAGG ZUZGAI I LICATION I OKW	
Are you currently residing in Sierra Leone? Yes No If No, where do you reside? West Africa Country Agency Europe Country Agency USA/Australia State Agency Title (Mr/Ms/Mrs/Doctor/Hon/Prof/Sheikh)	PHOTO HERI
First Name Middle Name Last Name Marital Status Single Marriage Gender Male Female Date of Birth Marriage Occupation Local Language Have you performed Hajj before? Yes No If Yes, year(s)	
PASSPORT INFORMATION	
Passport Number Place of issue Date of issue// Date of expiry//	
ADDRESS AND CONTACT DETAILS	
Coinadugu Kono Moyamba Portloko Pujehun Tonkolili W. Urban Present residential address Other address (if any) Phone Number(s) Email Address	W. Rural
NEXT OF KIN	
Relationship First Name Last Name Address	
Phone Number(s) Email Address	
MEDICAL- HEALTH DECLARATION	
Do you have any special dietary needs?	
Have you ever been deported from Saudi Arabia? Yes No If Yes, when?	
I hearby confirm that the information I have provided is true to the best of my knowledge.	
Signature/Thumb Print Date/	
Requirements and eligibility for performing Hajj	
(Please check the appropriate box) Finance Health	

Date___/__/__

Documents