



**Visa Request Form**

**COUNTRY: SAUDI ARABIA**

SHIPING DATE: \_\_\_\_\_ DATE OF TRAVEL: (NEEDED By) \_\_\_\_\_

TRAVELER'S NAME \_\_\_\_\_ NATIONALITY \_\_\_\_\_ PHONE # \_\_\_\_\_

DELIVERY ADDRESS \_\_\_\_\_

TRAVELER'S COMPANY NAME (if applicable) \_\_\_\_\_ / ASSISTANT \_\_\_\_\_

E-mail \_\_\_\_\_ PHONE# \_\_\_\_\_

Project # (if applicable) \_\_\_\_\_ COST # (if applicable) \_\_\_\_\_

**DISCLAIMER**

Sam's Passport Inc., will not be held liable for any events beyond our control that will delay the issuance of the applicant's visa due to a consulate delay or overnight shipping delay by a third party. Sam's service fees, nor the consular fees; will not be refunded in the event that the visa is approved, denied or delayed. Please keep in mind, when dealing with foreign government, notification of changes and protocol may change at little or no notice.  
Please sign here if you have fully read and accepted the terms of the disclaimer and are ready to process your visa application.

Applicant's Signature \_\_\_\_\_

**VISA SERVICES**

VISA TYPE REQUIRED: BUSINESS VISIT  WORK VISIT  FAMILY VISIT  EMPLOYMENT  RESIDENT

SAUDI VISA FEE: U.S NATIONALS  \$200.00 OTHER NATIONALS  \$530.00

SAM'S SERVICE FEE: REGULAR  \$150.00 RUSH  \$200.00 EMERGENCY  \$250.00

**RETURN POSTAGE – FedEx Overnight**

Priority Delivery = \$30.00  First Overnight = \$75.00  Saturday Fedex = \$45.00  International Fedex = \$100.00

**\*\*\*\*\*Total Payment = Visa Fee + Sam's Service Fee+ Shipping Postage**

**METHOD OF PAYMENT**

TYPE OF CARD \_\_\_\_\_ CREDIT CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_

FULL Billing Address \_\_\_\_\_

CVV# \_\_\_\_\_ (The last three numbers on the back of card for most cards and the four digits on top of American Express Cards)

NAME ON CREDIT CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## Supplemental Medical Insurance Information

Please Complete the Following Fields

Expected Entry Date to Saudi Arabia

Mobile Number of Traveler

E-mail Address of Traveler

---

Please Answer the Following Questions

Main Beneficiary

Name:	Gender:	Date of Birth:
1. Are you currently admitted to a hospital or receiving emergency medical treatment?	Yes	No
2. Have you been in a accident that caused permanent injury or disability?	Yes	No
3. Do you have any congenital disorders?	Yes	No