

صورة

Photo



سفارة المملكة العربية السعودية

واشنطن

القسم القنصلي

Royal Embassy of Saudi Arabia

Washington

Consular Section

الإسم الكامل: First Name: Middle Name: Last Name:

إسم الأم: Mother's Name:

محل الولادة: Date of Birth: تاريخ الولادة: Place of Birth:

الجنسية الحالية: Previous Nationality: الجنسية السابقة: Present Nationality:

رقم الجواز: Place of Issue: محل الإصدار: Passport No:

تاريخ الإصدار: Expiration Date: تاريخ انتهاء صلاحية الجواز: Date of Issue:

الحالة الاجتماعية: Sex: الجنس: Martial Status: متزوج  عازب  Single  Married Female  Male أنثى  ذكر 

الديانة: Religion:

المهنة: Profession: المؤهل العلمي: Qualification:

عنوان المنزل ورقم التلفون: Home Address and Telephone No.:

البريد الإلكتروني: E-mail Address:

عنوان الشركة (المؤسسة) ورقم التلفون: Business Address and Telephone No.:

الغاية من السفر: Purpose of Travel:

شخصية  خاصة  دبلوماسية  حج  عمرة  دراسية  إقامة  عمل  زيارة عائلية  زيارة عمل  حكومية  رجال اعمال  تجارية  سياحة  مرور  تمديد عودة  Re-Entry  Transit  Tourism  Commerce  Businessmen  Government  Work Visit  Family Visit

طريقة الدفع: Method of Payment: Company Check: [ ] Money Order: [ ]

اسم وعنوان الشركة أو اسم الشخص الداعي وعنوانه بالمملكة: Name and Address of Company or Individual invitee in the Kingdom:

معلومات السفر: Travel Information:

Flight No: Date of arrival in Saudi Arabia: Via Airline:

Port of Entry: City of Embarkation:

Duration of Stay in the Kingdom:

اسم المحرم: Name of traveling companion: صلته: Relationship of the person traveling with:

\*\*\* Application must be filed out its entirety \*\*\*

I, the undersigned, hereby certify that:

- أنا الموقع أدناه اوافق على اخذ بصمة الاصابع وقزحية العين
- أقر بأن كل المعلومات التي دونتها صحيحة وسأكون ملتزما بقوانين المملكة أثناء فترة وجودي بها.
- I agree to have my fingerprints taken and my retinal scanned.
- All the information provided is correct. I will abide by the laws of the Kingdom during the period of my residence.

التاريخ:

التوقيع:

الإسم:

Date: Signature: Name:

**hereby undertake to give my fingerprints and my eye iris pattern images and comply with the laws of the Kingdom of Saudi Arabia.**

**I, the undersigned, hereby agree to have my fingerprint & iris data (biometrics) captured as part of the application procedure for an entry visa to the Kingdom of Saudi Arabia. I further agree and declare as follows:**

1. If granted the visa I shall abide by all the laws and regulations of the Kingdom of Saudi Arabia and respect the Islamic customs and traditions of its people.
2. I am aware that all alcoholic beverages, narcotics and other illegal drugs, pornographic materials or publications, which violate the social norms of decency and all other publications, which are disrespectful of any religious belief or political orientation, are prohibited and shall not be brought into the Kingdom of Saudi Arabia
3. I am also fully aware that the crime of smuggling narcotics and other illegal drugs into the Kingdom of Saudi Arabia is punishable by the death penalty.
4. I have never been removed, excluded or deported from the Kingdom of Saudi Arabia or from any other Gulf Cooperation Council member state or charged with violation of any law or regulation thereof.
5. I agree to depart the Kingdom of Saudi Arabia on or before the expiration date of my visa. I am well aware that any violation of the laws and regulations of the Kingdom or any engagement in prohibited activities such as the activities mentioned herein or in the entry visa documentation are subject to the penalties, which are described in the "Dealing with Persons on Entry Visas" statute as enacted by Royal Decree No. 42, dated 10/18/1404AH.
6. I acknowledge and reaffirm my declaration that this application and the evidence submitted with it are all true and correct. I also understand that if I submit any false information or if my name was found to be listed as banned from entering the Kingdom of Saudi Arabia my application will be denied or my visa, if already granted, revoked. Moreover, I may be turned back from any Saudi port of entry at my own expense while I shall have no right to demand compensation.

**Name :** .....

**Signature :** .....

**Date :** .....