صورة Photo



سفارة المملكة العربية السعودية واشنطن القسم القنصلي

Royal Embassy of Saudi Arabia Washington Consular Section

First Name:	Middle Name:	Last Name:			الإسم الكامل:	
Mother's Name:					إسم الأم:	
Date of Birth:	تاريخ الولادة:	Place of Birth	:		محل الولادة:	
Previous Nationality:	Previous Nationality: الجنسية السابقة:		Present Nationality:		الجنسية الحالية:	
Place of Issue:	محل الإصدار:	Passport No:	·		رقم الجواز:	
Expiration Date: تاريخ انتهاء صلاحية الجواز:		تاريخ الإصدار: تاريخ الإصدار: Martial Status: الحالة الاجتماعية:				
Sex:	الجنس:	Martial Status:	_			
Female Male	ذكر 🗌 أنثى 🗌	Married	Single	عازب	متزوج 🗌	
Religion:					الديانة:	
Profession:	المؤهل العلمي:	Qualification:			المهنة:	
Home Address and Telephone No.:						
E-mail Address:					الديد الألكتره نـي٠	
E-mail Address: Business Address and Telephone No: عنوان الشركة (المؤسسة) ورقم التلفون:						
Purpose of Travel:			_		الغاية من السفر:	
قامة عمل Employment Residence St	عمرة دراسيا udent Umrah	Hajj \square	دېلوماسية Diplomat	خاصة Special	صخصية Personnel	
a مرور تمدید عوده Re-Entry Transit Tou	تجاریة سیاحة Irism Commerce B	رجال اعمال Businessmen G	حکومیة Sovernment	زيارة عمل Work Visit	زيارة عائلة Family Visit	
طريقة الدفع:						
اسم وعنوان الشركة أو اسم الشخص الداعي وعنوانه بالمملكة: Name and Address of Company or Individual invitee in the Kingdom:						
Travel Information:		1			معلومات السفر	
Date of arrival in Saudi Arabia:		Via Airline:		Flight No:		
City of Embarkation:			Port of En	try:		
Duration of Stay in the Kingdom:						
	صلته:				اسم المحرم:	
Name of traveling companion: 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 I agree to have my fingerprints taken and my retinal scanned.						
 All the information provided is correct. I will abide by the 						
• أقر بأن كل المعلومات التي دونتها صحيحة وسأكون ملتزما laws of the Kingdom during the period of my residence.						
		نفر خ	بها.	أثناء فترة وجودي		
التوقيع: التاريخ:				الإسم:		
Name:	Signature:			Date:		

ENJAZ QUESTIONNAIRE:

*) ALL FIELDS REQUIRED

APPLICANT INFORMATION

OCCUPATION:

QUALIFICATION/DEGREE:

SOURCE OF DEGREE/SCHOOL:

!!! BELOW INFORMATION HAVE TO MATCH THE INVITATION LETTER FROM SAUDI ARABIA.WE ARE NOT RESPONSIBLE IF YOUR VISA IS REJECTED AND YOU NEED TO PAY THE VISA FEES ALL OVER AGAIN !!! If you don't know the answer to these questions, please contact your sponsor in Saudi Arabia.

SPONSOR INFORMATION

SPONSOR ID NUMBER:

SPONSOR NAME:

SPONSOR ADDRESS:

SPONSOR PHONE NUMBER:

TYPE OF VISA (e.g. COMMERCIAL/WORK/ETC.):

NUMBER OF ENTRY:



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NOTICE ON SAUDI LAWS AND REGULATIONS

I 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 and 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 that violate the social norms of decency and all other publications that 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 described in the "Dealing with Persons on Entry Visas" statute, as enacted by Royal Decree No. 42, dated 10/18/1404 H;
- 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 entry into 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 (Please print):	
Signature:	
_	
Date:	