



سفارة المملكة العربية السعودية

القسم القنصلي في مدينة: _____

Royal Embassy of Saudi Arabia

Consular Section in _____
(city)

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: _____

القنصلية العامة للمملكة العربية السعودية

ROYAL CONSULATE GENERAL
OF SAUDI ARABIA



صورة
Photo

Full name:

الاسم الكامل:

Mother's name:

إسم الأم:

Date of birth:

تاريخ الولادة:

محل الولادة:

Previous nationality:

الجنسية السابقة:

الجنسية الحالية:

Sex: Female أنثى Male ذكر الجنس:

Marital Status:

الحالة الإجتماعية:

Religion:

مصدره:

المؤهل العلمي:

المهنة:

Place of issue:

Qualification:

Profession:

Home address and telephone No.:

عنوان المنزل ورقم التلفون:

Business address and telephone No.:

عنوان الشركة (المؤسسة) ورقم التلفون:

عمل
Work

مرور
Transit

زيارة
Visit

عمرة
Umrah

للأقامة
Residence

حج
Hajj

دبلوماسية
Diplomacy

Purpose of travel:

محل الإصدار:

Date passport issued:

تاريخ الإصدار:

Passport No.:

رقم الجواز:

Place of issue:

تاريخ انتهاء صلاحية الجواز:

Date of passport's expiry:

مدة الإقامة بالمملكة:

تاريخ الوصول:

Date of departure:

تاريخ المغادرة:

Duration of stay in the Kingdom:

Date of arrival:

() بشيك رقم:

() نقداً

() مجاملة

() فاتورة

() مجاناً

() إيجار

طريقة الدفع:

Mode of Payment: Free Cash Cheque No.

Date

() No.

Date

() Date:

اسم المحرم:

Relationship:

Destination:

جهة الوصول بالململكة:

Carrier's name:

اسم الشركة الناقلة:

Dependents traveling in the same passport:

إضافات تخص أفراد العائلة (المضافن) على نفس جواز السفر:

نوع الصلة Relationship	تاريخ الميلاد Date of Birth	الجنس Sex	الاسم بالكامل Full name

Name and address of company or individual in the kingdom:

اسم وعنوان الشركة أو اسم الشخص وعنوانه بالمملكة:

The undersigned hereby certify that all the information I have provided are correct.

أنا الموقع أدناه أقر بأن كل المعلومات التي دونتها صحيحة

I will abide by the laws of the Kingdom during the period of my residence in it.

وسأكون متزما بقوانين المملكة أثناء فترة وجودي بها.

Date:

Signature: التاريخ:

التوقيع:

الاسم:

For official use only:

للاستعمال الرسمي فقط:

Date:

تاريخه:

Authorization:

رقم الامر المعتمد عليه في اعطاء التأشيرة:

Visit / Work for:

لزيارة - العمل لدى:

Date:

وتاريخ:

Visa No.:

أشهر له برقم:

FEE COLLECTED:

المبلغ المحصل

Type:

نوعها:

مدتها: