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| Kuwait_logo  **دولة الكويت** | | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | |  | |  |  |  |  |  |  |  |  | Untitled-1 copy  **وزارة الداخلية**  **الإدارة العامة لشؤون الإقامة** | | | |
|  | **نموذج**  **طلب** | | | | | | | | العاصمة | | | | | | | | | | | | | | | | | | | | | |  |
|  | **سمة دخول** | | | | | |  | | **إقامة** | | | | | | |  | | **إذن غياب** | | |  | |  |
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|  |  | | | | | | | | 17 حكومة | | | | | | | | |  | | | | |  |
|  | تجديد + نقل | | | | | | | | | | | | | | | | | | | | | |  |
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| **بيانات القادم / المقيم** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **صورة**  **4 X 6**  **خلفية زرقاء** | | |
| **الرقم المدني** | | **253031300255** | | | | | | | | | | | | | | | | | | **تاريخ الميلاد** | | | | | | | | **1953** | | | | | | |
| **رقم المرجع** | | **122561165** | | | | | | | | | **الجنس** | | | | **ذكر** | | | | | **مكان الميلاد** | | | | | | | | **ايران** | | | | | | |
| **الاسم بالكامل** | | **دعبل علي خزاعل** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Full Name** | | | | | | |
| **رقم جواز السفر** | | **U96412068** | | | | | | | | | | | | | | | **نوع الجواز** | | | | | | | **عادي** | | | | | | | | | | |
| **تاريخ إصدار جواز السفر** | | **12/12/2017** | | | | | | | | | **تاريخ انتهاء الجواز** | | | | | | | | | **12/12/2022** | | | | | | | | | | | | | | |
| **الجنسية** | **إيراني** | | | | **العلاقة بالكفيل** | | | | | | | |  | | | | | | | | | | | | | **المهنة** | | **مؤذن** | | | | | | |
| **بيانات صاحب العمل – العائل** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **الرقم المدني** |  | | | | | | | | | | | | | | | | | | | | | | | **رقم المرجع / الشخصية الاعتبارية** | | | | | | | | | | | **180000000** | | |
| **الاسم – الجهة الحكومية - الشركة** | | | | | **وزارة الأوقاف والشئون الإسلامية** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **الايميل** |  | | | | | | | | | | | | | | | | | | | | | | | **الرقم الآلي للعنوان** | | | | | | |  | | | | | | |
| **الجنسية** | **كويتي** | | | | **المهنة** | | | | | |  | | | | | | | | | | | | | **الراتب** | | | |  | | | **المحافظة** | | | | **العاصمة** | | |
| **المنطقة** | **المرقاب** | | | | **القطعة** | | | | | | **3** | | | | **الشارع** | | | | | **خلف التأمينات الاجتماعية** | | | | | | | | **المبنى** | | | **برج التوأم** | | | | **الهاتف** |  | |
| **إقرار وتعهد**   * **إن البيانات المدرجة بهذا الطلب صحيحة وألتزم بتنفيذ ما جاء بأحكام القانون.** * **أتعهد بأنه يعمل لدى ومسؤول عنه أثناء مدة إقامته وأتعهد بأن أعيده إلى بلده الأصلي على نفقتي الخاصة عند انتهاء / إنهاء إقامته.** * **إنه غير مطلوب وخال من السوابق وإذا ثبت بعد دخوله غير ذلك أو ثبت غير لائق صحيا، ألتزم بإعادته على نفقتي الخاصة إلى بلده.** * **أن ألتزم بقانون إقامة الأجانب واللوائح التنفيذية له والتعليمات الصادرة المبينة خلف سمة الدخول.** | | | | | | | | | | | | | | | | | | | | **Declaration and Undertaking**   * **Data declared in this application is correct and that I abide by the policies and provisions of the law.** * **I assume full responsibility for the employee during his stay and will return him to his home country on my own expense upon expiration or termination of his residency.** * **The employee has a clean criminal record with no violations against him and is in good health, I shall return him to his home country at my own expense if the above is discovered not to be true.** * **To abide by the residency laws and regulations mentioned on the back of the entry visa form.** | | | | | | | | | | | | | | | | | |
| **إسم وتوقيع مقدم الطلب** | |  | | | | | | | **ختم صاحب العمل** | | | | | | | | | |  |  | **Employer Seal** | | | | | | | | |  | | | | **Signature of Applicant** | | |  |
| ........................................ | |  | | | | | ........................................ | | | | | | | | | | | | |  | ................................ | | | | | | | | | ........................................ | | |  |
| **بيانات المتنازل** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **الرقم المدني** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **التوقيع والختم** | | |  | | | |
| **الاسم – الجهة الحكومية - الشركة** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | **الملاحظات:** | | | | | | | | | | | | | | | | | |
| **موظف الاستقبال: ...................................................................** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **التوقيع: ...............................................................................** | | | | | | | | | | | | | | | | | | | |
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| **الختم: .................................................................................** | | | | | | | | | | | | | | | | | | | |

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| **بيـــانـــات المـرافـقــيــن Dependent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **م** | **الاسم** | | | | | | | | | **الجنس** | | | | | **صلة القرابة** | | | | | | **سنة الميلاد** | | | | | | | **م** | | | **الاسم** | | | | | | | | | **الجنس** | | | | **صلة القرابة** | | | | | **سنة الميلاد** | | |
| **1** |  | | | | | | | | |  | | | | |  | | | | | |  | | | | | | | **6** | | |  | | | | | | | | |  | | | |  | | | | |  | | |
| **2** |  | | | | | | | | |  | | | | |  | | | | | |  | | | | | | | **7** | | |  | | | | | | | | |  | | | |  | | | | |  | | |
| **3** |  | | | | | | | | |  | | | | |  | | | | | |  | | | | | | | **8** | | |  | | | | | | | | |  | | | |  | | | | |  | | |
| **4** |  | | | | | | | | |  | | | | |  | | | | | |  | | | | | | | **9** | | |  | | | | | | | | |  | | | |  | | | | |  | | |
| **5** |  | | | | | | | | |  | | | | |  | | | | | |  | | | | | | | **10** | | |  | | | | | | | | |  | | | |  | | | | |  | | |
| **إقــرار وتـعـهــد Undertaking & Statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * إن البيانات المدرجة بهذا الطلب صحيحة وبتنفيذ ما جاء  بأحكام القانون. * انه يعمل لدي / ومسئول عنه أثناء مدة إقامته وإخطار الإدارة العامة للهجرة بأي تغيير عن محل إقامته أو بياناته. * أن أعيده إلى بلده الأصلي على نفقتي عند انتهاء /  إنهاء إقامته. * انه غير مطلوب وخال من السوابق وإذا ثبت بعد دخوله غير  ذلك أو غير لائق صحيا التزم بإعادته على نفقتى إلى بلده . * أن يحضر شهادة حسن سير وسلوك من بلده أو البلد المقيم فيه.   **توقيع طالب الاقامه ختم صاحب العمل**  ...............................  **توقيع صاحب العمل/ العائل**    ............................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * That the listed statement in this application is correct & to execute what is stated in the rules  of law. * That he works to / is responsible for him during his stay & to notify gen .dep.of immigration  of any change of his place of residence or his data. * To return him back to original country upon my expense ones his residency expires or terminates. * That he is not wanted & has no precedents, if approved other than that after his entry or being unfit, i′m obliged to return him back at my expense. * To submit at certificate of good behavior & conduct from his country or from wherein his resides.   **Sign. Of employer/supporter Sign. of applicant**  ………………………………………. | | | | | | | | | | | | | | | | | | | | | | |
| **Previous Employer / Sponsor Approval For Work Demission تنازل صاحب العمل السابق** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **الرقــم المدني** | | |  | |  | |  |  |  | | |  | |  | |  | | |  |  | | |  |  | | **الرقــم الموحـد** | | | | | | | |  | |  | |  | | |  |  | | | |  | |  | |  |  |
| **الاسم** | | | | **الأول** | | | | | | | | | **الثاني** | | | | | | | | | | | | | | **الثالث** | | | | | | | | **الرابع** | | | | | | | | | | **اسم العائلة** | | | | | | |
| **الاسم التجاري** | | | | **شركة ورد الربيع للتجارة العامة والمقاولات** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **تاريخ انتهاء العمل في حالة التحويل من مادة 18 إلى خارج القطاع** ........ **/** ......... **/** ............  **توقيع وختم صاحب العمل السابق** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **للاستعمال الرسمي Official use** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **مدة الإقامة** | |  | | | | | | | | | **من تاريخ** | | | | | | | **/ /** | | | | | | | | | | | | | | | **إلى تاريخ** | | | | | | **/ /** | | | | | | | | | | | | |
| **رقم شهادة حسن السلوك** | | | | | |  | | | | | | | | | | | **تاريخها** | | | | | **/ /** | | | | | | | | **رقم الشهادة الطبية** | | | | | | |  | | | | | | **تاريخها** | | | | | **/ /** | | | |
| **رقم التصريح أو كتاب الوزارة** | | | | | |  | | | | | | | | | | | **تاريخه** | | | | | **/ /** | | | | | | | | **نوع التصريح** | | | | | | |  | | | | | | | | | | | | | | |
| **رقم الضمان الصحى** | | | | | |  | | | | | | | | | | | **المدة** | | | | |  | | | **تاريخ الإصدار** | | | | | | | **/ /** | | | | | | | | **تاريخ الانتهاء** | | | | | | | **/ /** | | | | |
| **الموظف المختص** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |