



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: _____



NOTICE ON SENDING PASSPORT BY MAIL

Include a prepaid return label and envelope (from FedEx, UPS or USPS only) with the return address label filled out completely. A proper prepaid return envelope must include a “PRE-PAID” label. Return envelopes showing only account numbers are no longer accepted as proof of pre-payment. **Credit cards, checks, money orders or cash will not be accepted** for return mailing. Any package without a proper pre-paid return envelope and label will be put on hold until a proper return envelope is received. It is the applicant’s responsibility to determine the EXACT return shipping costs. All labels must have a tracking number, and applicants are advised to keep both incoming and outgoing tracking numbers for their records.



سفارة المملكة العربية السعودية
واشنطن
القسم القنصلي

Royal Embassy of Saudi Arabia
Washington
Consular Section

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

اسم 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: Martial Status: الجنس: Sex: Female ☐ Male ☐ أنثى ☐ ذكر ☐ Married ☐ Single ☐ عازب ☐ متزوج ☐

الديانة: Religion:

المهنة: Profession: المؤهل العلمي: Qualification:

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

البريد الإلكتروني: E-mail Address:

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

الغاية من السفر: Purpose of Travel:

شخصية ☐ خاصة ☐ دبلوماسية ☐ حج ☐ عمرة ☐ دراسية ☐ إقامة ☐ عمل ☐ زيارة عائلة ☐ زيارة عمل ☐ حكومية ☐ رجال أعمال ☐ تجارية ☐ سياحة ☐ مرور ☐ تمديد عودة ☐ مرافق ☐ أخرى ☐ Personnel ☐ Special ☐ Diplomat ☐ Hajj ☐ Umrah ☐ Student ☐ Residence ☐ Employment ☐ Family Visit ☐ Work Visit ☐ Government ☐ Businessmen ☐ Commerce ☐ Tourism ☐ Transit ☐ Re-Entry ☐ Companion ☐ Others ☐

طريقة الدفع: Method of Payment: By enjaz Only عن طريق انجاز فقط

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

معلومات السفر: Travel Information:

تاريخ الوصول في السعودية: Date of arrival in Saudi Arabia: Via Airline: Flight No:

مدينة embarkation: City of Embarkation: Port of Entry:

مدة الإقامة في المملكة: Duration of Stay in the Kingdom:

اسم المصحف: اسم المصحف: Relationship of the person traveling with:

اسم المصحف: Name of traveling companion: Relationship of the person traveling with:

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

I, the undersigned, hereby certify that:

- أنا الموقع أدناه أوافق على أخذ بصمة الأصابع وقزحية العين
- أقر بأن كل المعلومات التي دونتها صحيحة وسأكون ملتزماً بقوانين المملكة أثناء فترة وجودي بها.
- I agree to have my fingerprints taken and my Iris 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:

Name: Signature: Date: