



### ***NOTICE ON SAUDI LAWS AND REGULATIONS***

I, the undersigned, do not object to undergoing a fingerprint and retinal scan in accordance with the automated system the government of the Kingdom of Saudi Arabia is implementing for citizens and foreigners. The system conforms with the current international trend to verify identity based on these biometric identifiers in a civilized and organized manner, and is used in many countries.

During my stay in the Kingdom of Saudi Arabia, I also agree to abide by all its laws and regulations and to respect its customs, social values and the sensitivities of its citizens. I also agree not to introduce any materials into the Kingdom that contradict the Islamic religion or to engage in any activities that violate Saudi law. I am fully aware that intoxicating materials, narcotics and pornographic materials are not permitted in the Kingdom. It is a capital offense to smuggle and distribute narcotics in Saudi Arabia.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### ***NOTICE ON SENDING PASSPORT BY MAIL***

We would like to bring to the attention of all applicants who send their passports by mail that anyone who includes a RETURN Federal Express, DHL, Airborne Express, UPS or any other airway bill must also include a **MONEY ORDER** made out to the Shipping company chosen by the applicant.

### **Cash, credit cards or personal checks will not be accepted.**

Any package without a money order will be placed on hold until payment is received. It is the applicant's responsibility to include the EXACT amount according to the weight of the package.

صورة

Photo



سفارة المملكة العربية السعودية  
واشنطن  
القسم القنصلي

Royal Embassy of Saudi Arabia  
Washington  
Consular Section

الإسم الكامل:	Last Name:	Middle Name:	First Name:
إسم الأم:	Mother's Name:		
محل الولادة:	Place of Birth:	تاريخ الولادة:	Date of Birth:
الجنسية الحالية:	Present Nationality:	الجنسية السابقة:	Previous Nationality:
رقم الجواز:	Passport No:	محل الإصدار:	Place of Issue:
تاريخ الإصدار:	Date of Issue:	تاريخ انتهاء صلاحية الجواز:	Expiration Date:
الحالة الاجتماعية:	Martial Status:	الجنس:	Sex:
متزوج <input type="checkbox"/> عازب <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/>		أنثى <input type="checkbox"/> ذكر <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
الديانة:	Religion:		
المهنة:	Qualification:	المؤهل العلمي:	Profession:
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:
<input type="checkbox"/> شخصية <input type="checkbox"/> خاصة <input type="checkbox"/> دبلوماسية <input type="checkbox"/> حج <input type="checkbox"/> عمرة <input type="checkbox"/> دراسية <input type="checkbox"/> إقامة <input type="checkbox"/> عمل <input type="checkbox"/>	<input type="checkbox"/> Personnel <input type="checkbox"/> Special <input type="checkbox"/> Diplomat <input type="checkbox"/> Hajj <input type="checkbox"/> Umrah <input type="checkbox"/> Student <input type="checkbox"/> Residence <input type="checkbox"/> Employment
<input type="checkbox"/> زيارة عائلة <input type="checkbox"/> حكومية <input type="checkbox"/> رجال اعمال <input type="checkbox"/> تجارية <input type="checkbox"/> سياحة <input type="checkbox"/> مرور <input type="checkbox"/> تمديد عودة <input type="checkbox"/>	<input type="checkbox"/> Family Visit <input type="checkbox"/> Government <input type="checkbox"/> Businessmen <input type="checkbox"/> Commerce <input type="checkbox"/> Tourism <input type="checkbox"/> Transit <input type="checkbox"/> Re-Entry

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:
Date of arrival in Saudi Arabia: <input type="text"/> Via Airline: <input type="text"/> Flight No: <input type="text"/>	
City of Embarkation: <input type="text"/> Port of Entry: <input type="text"/>	
Duration of Stay in the Kingdom: <input type="text"/>	

اسم المحرم:	اسم المحرم:
Relationship of the person traveling with:	Name of traveling companion: <input type="text"/>

\*\*\* 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 ملتزماً 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:

Name:	Signature:	Date:
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