

سفارة المملكة العربية السعودية واشنطن القسم القنصلي Royal Embassy of Saudi Arabia Washington Consular Section

### 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

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

First Name:	Middle Name:	Last Name:			الإسم الكامل:				
Mother's Name:					إسم الأم:				
Date of Birth:	تاريخ الولادة:	Place of Birth:	<b>:</b>		محل الولادة:				
Previous Nationality:	الجنسية السابقة:	Present Nation	nality:		الجنسية الحالية:				
Place of Issue:	محل الإصدار:	Passport No:			رقم الجواز:				
<b>Expiration Date:</b>	تاريخ انتهاء صلاحية الجواز:	<b>Date of Issue:</b>			تاريخ الإصدار: الحالة الاجتماعية:				
Sex:	الجنس: ذكر أنثى	Martial Status:	G: 1	*1 -					
Female Male	ذکر انثی	Married	Single	عازب	متزوج				
Religion:					الديانة:				
Profession:	المؤهل العلمي:	Qualification:		المتلقم م	المهنة: عنوان المنزل ورقم				
Home Address and Telephone No.: عنوان المنزل ورقم التلفون:  E-mail Address:  Business Address and Telephone No: عنوان الشركة (المؤسسة) ورقم التلفون:									
Dusiness Address and Teleph	one ivo.		•	» (»(	, , 3 63				
Purpose of Travel:					الغاية من السفر:				
افامة عمل العامة Employment Residence S	عمرة دراسية tudent Umrah	Hajj 🔲							
مرور تمدید عودهٔ Re-Entry Transit To	تجارية سياحة Commerce B	رجال اعمال Businessmen G	حکومیة Overnment	زيارة عمل Work Visit	زيارة عائلة Family Visit				
Method of Payment: Company Check: [ ] Money Order: [ ]									
Method of Payment: Compa	ny Cneck:	Name and Address of Company or Individual invitee in the Kingdom: السم وعنوان الشركة أو اسم الشخص الداعي وعنوانه بالمملكة:							
			ي وعنوانه بالمملكة	أو اسم الشخص الداع					
			ي وعنوانه بالمملكة	أو اسم الشخص الداع					
			ي وعنوانه بالمملكة	أو اسم الشخص الداع					
Name and Address of Company or	Individual invitee in the King		<i>ي</i> وعنوانه بالمملكة	و اسم الشخص الداء Flight No:	اسم وعنوان الشركة أ				
Name and Address of Company or  Travel Information:	Individual invitee in the King	gdom:	ي وعنوانه بالمملكة Port of En	Flight No:	اسم وعنوان الشركة أ				
Name and Address of Company or  Travel Information:  Date of arrival in Saudi Aral	Individual invitee in the King	gdom:	-	Flight No:	اسم وعنوان الشركة أ				
Name and Address of Company or  Travel Information:  Date of arrival in Saudi Aral City of Embarkation:	Individual invitee in the King	gdom:	-	Flight No:	اسم وعنوان الشركة أ				
Name and Address of Company or  Travel Information:  Date of arrival in Saudi Aral City of Embarkation:  Duration of Stay in the King  Name of traveling companion	Individual invitee in the King  Dia:  dom: صلته:	Via Airline:	Port of En	Flight No: try: n traveling wi	اسم وعنوان الشركة أ معلومات السفر				
Name and Address of Company or  Travel Information:  Date of arrival in Saudi Aral City of Embarkation:  Duration of Stay in the King  Name of traveling companion	Individual invitee in the King  Dia:  dom:	Via Airline:	Port of En	Flight No:	اسم وعنوان الشركة أ معلومات السفر				
Name and Address of Company or  Travel Information:  Date of arrival in Saudi Aral City of Embarkation:  Duration of Stay in the King  Name of traveling companion	Dia:  dom: عانته: Application must be	Via Airline:	Port of En	Flight No: try: n traveling wi	اسم وعنوان الشركة أ معلومات السفر				
Name and Address of Company or  Travel Information:  Date of arrival in Saudi Aral City of Embarkation:  Duration of Stay in the King  Name of traveling companion ***	Dia:  dom: عانته:  Application must be fithat:	Via Airline:  Relationship of filed out in its	Port of En	Flight No: try: n traveling wi	اسم وعنوان الشركة أ معلومات السفر اسم المحرم:  th:				
Name and Address of Company or  Travel Information:  Date of arrival in Saudi Aral City of Embarkation:  Duration of Stay in the King  Name of traveling companion  *** A	Dia:  dom:  مانته:  Application must be fithat:  hts taken and my retinal scan	Via Airline:  Relationship of filed out in its aned.	Port of En	Flight No: try: n traveling wi	اسم وعنوان الشركة أ معلومات السفر اسم المحرم:  • أنا الموقع أدناه وقزحية العين • أقر بأن كل المع				
Name and Address of Company or  Travel Information:  Date of arrival in Saudi Aral City of Embarkation:  Duration of Stay in the King  Name of traveling companion *** A  I, the undersigned, hereby certify  I agree to have my fingerprin  All the information provided	Dia:  dom:  مانته:  Application must be fithat:  hts taken and my retinal scan	Via Airline:  Relationship of filed out in its aned.	Port of En	Flight No:  htry:  n traveling wi  ***  اوافق على اخذ بص	اسم وعنوان الشركة أ معلومات السفر اسم المحرم:  • أنا الموقع أدناه وقزحية العين • أقر بأن كل المع				