



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: _____



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:	محل الولادة:
Previous Nationality:	الجنسية السابقة:	Present Nationality:	الجنسية الحالية:
Place of Issue:	محل الإصدار:	Passport No:	رقم الجواز:
Expiration Date:	تاريخ انتهاء صلاحية الجواز:	Date of Issue:	تاريخ الإصدار:
Sex:	الجنس:	Martial Status:	الحالة الاجتماعية:
Female Male	أنثى ذكر	Married Single	عازب متزوج
Religion:	الديانة:		
Profession:	المؤهل العلمي:	Qualification:	المهنة:
Home Address and Telephone No.:	عنوان المنزل ورقم الهاتف:		
E-mail Address:	البريد الإلكتروني:		
Business Address and Telephone No.:	عنوان الشركة (المؤسسة) ورقم الهاتف:		

Purpose of Travel:	الغاية من السفر:
عمل ☐ إقامة ☐ دراسية ☐ عمرة ☐ حج ☐ دبلوماسية ☐ خاصة ☐ شخصية ☐	Personnel ☐
تمديد عودة ☐ سياحة ☐ تجارية ☐ رجال اعمال ☐ حكومية ☐ زيارة عمل ☐ زيارة عائلة ☐	Family Visit ☐
Re-Entry ☐ Tourist ☐ Commerce ☐ Businessmen ☐ Government ☐ Work Visit ☐ مرافق ☐	Others ☐ Companion ☐

Method of Payment:	By enjaz Only	طريقة الدفع:	عن طريق انجاز فقط
Name and Address of Company or Individual invitee in the Kingdom:	اسم وعنوان الشركة أو اسم الشخص الداعي وعنوانه بالمملكة:		

Travel Information:	معلومات السفر	
Date of arrival in Saudi Arabia:	Via Airline:	Flight No:
City of Embarkation:	Port of Entry:	
Duration of Stay in the Kingdom:		

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

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

I, the undersigned, hereby certify that:

- 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.
- أنا الموقع أدناه أوافق على اخذ بصمة الاصابع وقزحية العين
- أقر بأن كل المعلومات التي دونتها صحيحة وسأكون ملتزماً بقوانين المملكة أثناء فترة وجودي بها.
- التاريخ: التوقيع: الاسم:

Name:	Signature:	Date:
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