

PHOTO



سفارة المملكة العربية السعودية
القسم القنصلي - لندن

**EMBASSY OF THE KINGDOM OF SAUDI ARABIA
CONSULAR SECTION**

30 Charles Street, Mayfair, London W1X 8LP
Telephone : (0207) 917 3000 / Fax : (0207) 917 3255

طلب تأشيرة عمل

FOR OFFICIAL USE ONLY

WORK VISA APPLICATION

Full Name : _____ : الاسم الكامل

Family Name : _____ : الاسم العائلي

Date of Birth : _____ تاريخ الولادة : Place of Birth : _____ محل الولادة :

Previous Nationality : _____ الجنسية السابقة : Present Nationality : _____ الجنسية الحالية :

Sex : أنثى / Female ذكر / Male : الجنس : Profession : _____ المهنة :

Marital Status : _____ الحالة الاجتماعية :

Sect : _____ المذهب : Mother's Name : _____ اسم الأم : Religion : _____ الديانة :

Permanent Address & Telephone Number in the UK of Applicant : _____ العنوان الدائم ورقم التليفون في بريطانيا لمقدم الطلب :

Name & Business Address of Employing Company in Saudi Arabia : _____ اسم وعنوان الشركة (المؤسسة) التي ستعمل معها في المملكة العربية السعودية :

Date of Issue : _____ تاريخ الإصدار : Job Title : _____ مسمى الوظيفة :

Academic Degrees : _____ المؤهل العلمي :

Previous Employment : _____ الوظائف السابقة :

Countries you worked in : _____ البلاد التي عملت بها :

Passport Number & Place of Issue : _____ رقم الجواز ومحل الإصدار :

Date of Issue : _____ تاريخ الإصدار : Expiry Date : _____ إنتهاء الصلاحية :

I, the undersigned, hereby certify that all the information I have provided is correct and I will abide by the laws of Saudi Arabia during the period of my residence in it.
 أنا الموقع أدناه أقر بأن كل المعلومات التي دونتها صحيحة وساكون ملتزماً بقوانين المملكة العربية السعودية أثناء فترة وجودي بها.

Applicant's Signature : _____ توقيع مقدم الطلب : Date : _____ التاريخ :

For Official Use Only :

| | |
|--------------|-------------|
| رقم التأشيرة | مدة الإقامة |
| تاريخها | المدقق |
| صلاحيتها | المختص |

IMPORTANT : THIS SECTION MUST BE COMPLETED FULLY

Point of entry into Saudi Arabia : _____

Full Name : _____ Nationality : _____

Company Name and Address in The UK : _____ Tel No. : _____

Name & Address of Government Dept. or company being visited in Saudi Arabia : _____ Proposed Departure Date : _____

What is your Profession : _____ Length of stay : _____ City of Embarkation : _____ Via Airline : _____

تحذير : الإعدام هو عقوبة من يقوم بنشر المخدرات أو تهريبها أو ترويجها في المملكة العربية السعودية.

WARNING: Capital punishment is the penalty for smuggling, promoting or circulating illegal drugs and Narcotics in Saudi Arabia.



Application Number:

Application Date::

Declaration

Saudi Embassy in London needs you to write your name and sign
on the second page of this declaration

When you apply for Saudi visa

I, the undersigned, hereby agree to have my fingerprint & 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. I acknowledge that all of the information I provided are true and reliable. In addition, I pledge to abide the laws and rules of the Kingdom of Saudi Arabia, and respect the customs and Islamic traditions of its people during my stay. I acknowledge my understanding that the specialized authorities in the Kingdom of Saudi Arabia have the right to deny my entry and to send me back to where I came from if I did not comply with the rules and laws, or if the information under which I received my visa proven to be incorrect.
2. I am fully aware that all intoxicating substances, narcotic drugs, indecent materials and publications, as well as publications related to any religious beliefs or political tendencies that contradict with Islam are prohibited in the Kingdom of Saudi Arabia.
3. I am fully aware of the procedures and controls regarding the batch-release and clearance of medicines, containing narcotic or psychotropic substances that are possessed for personal use by patients arriving and departing from The Kingdom , such procedures and controls are provided in the link below:
http://www.sfda.gov.sa/ar/drug/drug_reg/pages/drug_reg.aspx
(http://www.sfda.gov.sa/ar/drug/drug_reg/pages/drug_reg.aspx) I am also aware that if these regulations and controls are transgressed, I shall will be subjected to sanction and penalties provided for in the Law of Combating Narcotics and Psychotropic Substances and its implementing regulations.
4. I have never been deported from The Kingdom of Saudi Arabia or any other GCC countries, nor that I have violated their rules.
5. I pledge to stick to the kind of visa I was provided with and to its terms and duration, and I shall leave the country before the stay specified in the visa expires. I am also fully aware of my violation to the rules in the Kingdom or entry visa shall subject me to a penalty and the application of punishments stipulated by the laws regulating the process of handling people coming to the Kingdom with visas for Hajj or Umrah and others issued by Royal Decree No (m / 42) , on 18 / 10 / 1404 H and amended by Royal Decree No (m/9) on 1/5/1420 H, as well as sanctions on violators of residency and work regulations promulgated by the Council of Ministers resolution No (140) on 6/5/1434 H. .
6. I acknowledge the right of Saudi authorities to repatriate me from the port of entry at my own expense or deport the Saudi territory after entering it, and I acknowledge the right of the Saudi authorities to apply the penalties provided by Law if proven that after I got my visa or residence permit , I have submitted incorrect papers or documents or provided false statements to any Saudi competent authority at home or abroad in order to obtain for myself or for someone else a visa for entry or residence permit or any other official visa or being a contributor or partner in providing such information or documents that do not match the truth.
7. I acknowledge that drug dealing or smuggling drugs into the Kingdom is a crime punishable by death penalty.
8. I acknowledge and pledge again that all written information shall be correct and I take full responsibility for it, and if it is proven otherwise -or my name appears to be included in a list specifying the prohibited people - , then my request shall be rejected, or my visa shall be canceled automatically if it is granted, or I shall not be allowed to enter the Kingdom of Saudi Arabia if I had a valid visa . Moreover, I acknowledge the right of Saudi authorities to deport me back to the port of entry at my own expense and I shall not have the right to claim compensation.

Full Name:

Signature:

Date:

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Royal Embassy of
Saudi Arabia
London



مملكة العربية السعودية

لندن

MEDICAL REPORT

| | |
|-------|-----------------------|
| PHOTO | NAME: |
| | PASSPORT NO.: |
| | POSITION APPLIED FOR: |

PAST MEDICAL HISTORY

A). Venereal Disease-----

B). Any Significant Illness-----

| |
|----------------------------|
| LEFT EAR: |
| RIGHT EAR: |
| LEFT EYE: |
| RIGHT EYE: |
| SURGERY: |
| CXR: |
| LIVER a) LFT |
| b) Vaccines |
| BILHARZIA: |
| TB: |
| MALARIA: |
| DM (Urine Analysis): |
| BP: |
| SEROLOGY VDRL / TPHA: |
| HIV ANTIBODY: |
| PREGNANCY (if applicable): |
| ANTI HBe: |
| ANTI HBs: |
| ANTI Hbc |
| TOTAL |
| IgG |
| IgM |
| HbcAg |
| HCAb |
| OTHER DISEASE: |

| |
|---|
| The above person is: Fit for employment NOT fit for employment |
|---|

| |
|--|
| Physician: |
| Address: |
| Signature: Dated: |

Official Seal of Physician / Practice or Hospital.