

القنصلية العامة للمملكة العربية السعودية نبويورك

Royal Consulate General of Saudi Arabia New York

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 (Plea	se 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



القنصلية العامة للمملكة العربية السعودية ROYAL CONSULATE GENERAL OF SAUDI ARABIA

Full name:				الاسم الكامل:			
Mother's name:				إسم الأم:			
Date of birth:	تاريخ الولادة:	Place of birth:		محل الولادة:			
Previous nationality:	الجنسية السابقة:	Present nationality:	3 "	الجنسية الحالية:			
Sex: Female آنثی Male ذکر	الجنس:	Marital Status:		الحالة الإجتماعية:			
Religion:				الديانـة:			
مصدره:	1.6.	ؤهل العلمي:	المؤ Profession:	المهنة:			
	alification:		Profession:	عنوان المنزل ورقم التلفون:			
Home address and telephone No.:				عنوان اسرن ورجم التنفون.			
Business address and telephone No.:			ون:	عنوان الشركة (المؤسسة) ورقم التلف			
Purpose of travel: حمل Work Transit		الأقامة عمر nrah Residence	حج Hajj	دبلوماسية الغاية من السفر: Diplomacy			
Place of issue: Date of passport's expiry:	te passport issued:	تاريخ الإصدار:	Passport No.:	رقم الجواز: تاريخ انتهاء صلاحية الجواز:			
مدة الإقامة بالملكة: Duration of stay in the Kingdom:	Date of arrival:	تاريخ الوصول: :		تاريخ المغادرة: departure:			
() ایصال رقم: تاریخ: Mode of Payment: () Free () Cash (تاريخ:) Cheque No.) بشیك رقم: Date) نقداً (N ()	طريقة الدفع: () مجاملة (). Date:			
صلتــه: Relationship:				اسم المحرم:			
Destination: :ق	جهة الوصول بالمملآ	Carrier's name:		اسم الشركة الناقلة:			
Dependents traveling in the same passport: إيضاحات تخص أفراد العائلة (المضافين) على نفس جواز السفر:							
	تــــاريـخ الميــــــــــــــــــــــــــــــــــــ	الجنــــس أ	ىل	الاسم بالكاه			
Relationship	Date of Birth	Sex		Full name			
	8						
Name and address of company or individual i	in the kingdom:	:4	ل وعنوانه بالمملكة	اسم وعنوان الشركة أو اسم الشخص			
The undersigned hereby certify that all the information I I will abide by the laws of the Kingdom during the period				أنا الموقع أدناه أقر بأن كل المعلومات التي د وسأكون ملتزما بقوانين المملكة اثناء فترة و-			
Date: :التاريخ: Signature:		التوقيع: Name:		الاسم:			
For official use only:				للاستعمال الرسمي فقط:			
Date: تاریخه: Autho	:Authorization			رقم الامر المعتمد عليه في اعطاء التأ			
Visit / Work for:				لزيارة - العمل لدى:			
Date: وتاريخ Visa N	ło.:			أشر له برقم:			
FEE COLLECTED: فالمحصل	البك Type:		Durai نوعها:	مدتها: ition:			
القنصل العام Consul General				مدقق البيانات Checked by:			