

Payment Reference No:

If you have paid over the phone, enter your reference number above

All other delivery Methods
SaudiVisas.Com
c/o Just Visas Ltd
142 Buckingham Palace Road
London SW1W 9TR

Tel: 0203 3940 088
Fax: 0207 7301 288
info@saudivisas.com
www.saudivisas.com

Applicant Information

Name — as printed in your passport	Passport No.	Expiry Date	Date of Birth	Nationality

Contact Information - Please type below information about persons whom we should contact in connection with your application:

Contact Name	Telephone	Mobile	Email

Important Travel Dates

Date passport must be back in your possession (dd/mm):			Date of next international trip (dd/mm):			
Visa	Service Required	Validity	# of Entries	Entry Date	Exit Date	Total Cost*

*Leave blank if TOTAL COST not known as we will charge you according to the published prices on the website.

If you would like for SaudiVisas to arrange your Saudi Invitation letter then please select from one of the options*:

Commercial Visit visa Single - £250.00 Commercial Visit visa Multiple - £350.00 Business Visit visa Single - £250 Business Visit visa Multiple - £350

*Please add 3-5 days to processing times.

Return delivery address:

Delivery Options (tick required):	<input type="checkbox"/> Courier (Central London Postcodes Only) - £30.00	<input type="checkbox"/> DHL (within UK) - £40.00	<input type="checkbox"/> Special Delivery - Royal Mail - £10.00	<input type="checkbox"/> Self Pick Up	<input type="checkbox"/> Other
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Delivery Notes:				TOTAL COST:	
CARD TYPE:	CARD NUMBER:	EXPIRY DATE:	SECURITY CODE:		
<input type="checkbox"/> Debit	NAME ON CARD:	SIGNATURE:			
<input type="checkbox"/> Credit*					

* All credit cards will incur a 5% surcharge

- I hereby authorise SaudiVisas.Com to charge a variable amount to my credit/debit card to cover the costs as detailed on the website.
 I agree and accept SaudiVisas.Com Standard Terms and Conditions.
 Address confirmation NOT required.

Please note that we operate a confirmation system prior to sending your passport/documents in order to ensure someone is available to sign for it. Please select Address confirmation NOT required if you would like us to send documents as soon as they are ready.

CHECKLIST

- Please ensure you have completed the "SaudiVisas.Com Client Order form"
 Please ensure you send your passports, photographs, and all the necessary documents listed on the website.
 Please complete payment information using our website, which will inform you of the embassy charges together with our fee.
 Please only use this service if you are a British citizen or have permission to reside in the UK for more than 6 months. All others with a different status please contact our office before sending applications
 Please ensure payment is enclosed since late payments will cause applications to be delayed.

Please note that SAMEDAY and 3 DAY Xpress services are not guaranteed services. In case of Xpress service not being honoured, you will be entitled to a refund of the Xpress fee. Our standard handling charges will still apply. We recommend that no travel arrangement are made until visas have been secured and confirmed by your consultant.

Please note that we cannot release passports until cheques have cleared. Please allow ample time for visa issuance or passport delivery, since we have no control over embassy delivery times. An approximation has been provided on the requirement sheet for your convenience.

Disclaimer: As a commissioned agent SaudiVisas.Com, (a subsidiary of 'Just Visas Ltd'), cannot be held responsible for any losses real or notional, incurred by the actions of any embassy, passport agency or registry. Also the company cannot be held liable for any delays or losses incurred by any courier company or the Royal Mail.

PHOTO

FOR OFFICIAL USE ONLY



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

WORK VISA APPLICATION

SAUDIVISAS.COM

Full Name :				الأسم الكامل :
Family Name :				الأسم العائلي :
Date of Birth :	تاريخ الولادة :	Place of Birth :	محل الولادة :	
Previous Nationality :	الجنسية السابقة :	Present Nationality :	الجنسية الحالية :	
Sex :	<input type="checkbox"/> أنثى Female	<input type="checkbox"/> ذكر Male	Profession :	المهنة :
	الجنس :		Marital Status :	الحالة الاجتماعية :
Sect :	المذهب :	Mother's Name :	أسم الأم :	Religion :
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 : : إسم وعنوان الشركة (المؤسسة) التي ستعمل معها في المملكة العربية السعودية :

Date of Issue :	تاريخ الإصدار :	Job Title :	مسمي 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 الاصدار :		
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 وسأكون 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 بتسليم 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.

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.