

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 لزيارة عمل

BUSINESS VISA APPLICATION

FOR OFFICIAL USE ONLY

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 : الجنس : Profession : المهنة :

Marital Status : الحالة الاجتماعية :

Sect : المذهب : Mother's Name : أسم الأم : Religion : الديانة :

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

Name, Address & Telephone Number Of Company Being Visited in Saudi Arabia : اسم وعنوان وتليفون الشركة (المؤسسة) المراد زيارتها في المملكة العربية السعودية :

Purpose of your Visit : الغرض من الزيارة :

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

Date of Issue : تاريخ الإصدار : Expiry Date : إنتها، الصلاحية :

Duration of Stay in Saudi Arabia : مدة الإقامة بالمملكة العربية السعودية :

Dependants Travelling on the Same Passport : أفراد العائلة (المضافين) على نفس جواز السفر :

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 التاشيرة	مدة الإقامة
تاريخها	المدقق
صلاحيتها	المختص

IMPORTANT : THIS SECTION MUST BE COMPLETED FULLY

Full Name :	Nationality :	Point of Entry Into Saudi Arabia :
Company Name and Address in UK :		Tel No :
		Full Postal Code :
U.K. Project Manager :	Travel Agent Name & Post Code :	
Name and Address of Government Dept. or Company Being Visited in Saudi Arabia :		Proposed Departure :
Date :		

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.

Supporting/introduction letter example

Write this template on your **UK** company letterhead

Saudi Embassy
30 Charles St.
London W1J 5DZ
020 79173000

Date:

Dear Sir,

Our company registered in Britain under registration number..... And our company activities..... (if you are government department you can modify these two lines)

Request a visa to be granted for our company employee: -

Full name of applicant :.....

Passport number:.....

Nationality:.....

Job title:.....

Reasons for travel to Saudi: **Business Meeting**

Duration of Visa:.....

Proposed travel date:

Type of visa : **Business Visa**

Number of visits (underline): Single Entry Multiple Entries

All Expenses for his/her travel journey will be met by our company (or you can mention the name who will pay)

Should you wish to discuss this application further please do not hesitate to contact us

Best regards

Signature

Name and job title

Saudi Medical Emergency Insurance for Visitors to the Kingdom of Saudi Arabia

Saudi Medical Emergency Insurance is now part of the Saudi visa process since 20-06-2016 for:

1. Family Visas
2. Commercial / Work Visit Visas
3. Personal Visa

Other types of Saudi visas (government, diplomatic, mission & organisation) are exempt from doing Saudi Medical Emergency Insurance

If your visa is a **Family Visa** or **Commercial/Work Visit Visa** or **Personal Visa** then you need to fill the following:

Please fill the following fields (must fill it completely) **UK ADDRESS**

Expected Entry Date to Saudi	<input type="text"/>	Address	<input type="text"/>
City	<input type="text"/>	Post Code	<input type="text"/>
Email	<input type="text"/>	Mobile no.	<input type="text"/>

Please answer the following questions: (must fill it completely)

Beneficiary Name (traveller):

Gender:

Date of Birth:

1. Are you currently admitted to hospital or receiving emergency medical treatment? Yes NO
2. Have you been in accident that caused permanent injury or disability? Yes NO
3. Do you have any congenital disorders? Yes NO
4. Are you pregnant? Yes NO **(female only)**
5. Is your current pregnancy an outcome of assisted means of conception including but not limited to (IVF, hormonal induction)? Yes NO **(female only)**
6. Number of pregnancy months? **(female only)**

Full Name:.....

Signature:.....

Date:.....



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 Kingdome 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: