

## Saudi Arabia Declaration Form

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 fingerprints & 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, which violate the social norms of decency and all other publications, which 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, which are described in the "Dealing with Persons on Entry Visas" statute as enacted by Royal Decree No. 42, dated 10/18/1404AH.
6. I acknowledge and I 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 entering 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: .....

Signature: .....

Date: .....



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: الجنسية الحالية:  
Sex:  Female أنثى  Male ذكر: الجنس: Marital Status: الحالة الإجتماعية:  
Religion: الديانة:  
Place of issue: مصدره: Qualification: المؤهل العلمي: Profession: المهنة:  
Home address and telephone No.: عنوان المنزل ورقم التلفون:  
Business address and telephone No.: عنوان الشركة (المؤسسة) ورقم التلفون:

Purpose of travel:  عمل Work  مرور Transit  زيارة Visit  عمرة Umrah  للإقامة Residence  حج Hajj  دبلوماسية Diplomacy: الغاية من السفر:  
Place of issue: محل الإصدار: Date issued: تاريخ الإصدار: Passport No.: رقم الجواز:  
Date of passport's expiry: تاريخ انتهاء صلاحية الجواز:  
Duration of stay in the Kingdom: مدة الإقامة بالمملكة: Date of arrival: تاريخ الوصول: Date of departure: تاريخ المغادرة:  
Mode of Payment: ( ) Free ( ) Cash ( ) Cheque No. تاريخ: طريقة الدفع: ( ) مجاملة ( ) نقداً ( ) بشيك رقم: تاريخ: ( ) Free ( ) Cash ( ) Cheque No. تاريخ: تاريخ:  
Relationship: صلته: اسم المحرم:

Destination: جهة الوصول بالمملكة: Carrier's name: اسم الشركة الناقلة:

Dependents traveling in the same passport: إيضاحات تخص أفراد العائلة (المضافين) على نفس جواز السفر:

نوع الصلة Relationship	تاريخ الميلاد Date of Birth	الجنس Sex	الاسم بالكامل Full name

Name and address of company or individual in the kingdom: اسم وعنوان الشركة أو اسم الشخص وعنوانه بالمملكة:

The undersigned hereby certify that all the information I have provided are correct. أنا الموقع أدناه أقر بأن كل المعلومات التي دونتها صحيحة  
I will abide by the laws of the Kingdom during the period of my residence in it. وسأكون ملتزماً بقوانين المملكة أثناء فترة وجودي بها.

Date: التاريخ: Signature: التوقيع: Name: الاسم:

For official use only: للاستعمال الرسمي فقط:

Date: تاريخه: Authorization: رقم الامر المعتمد عليه في اعطاء التأشيرة:

Visit / Work for: لزيارة - العمل لدى:

Date: تاريخ: Visa No.: أشر له برقم:

FEE COLLECTED: المدتها: Type: نوعها: Duration: المبلغ المحصل:

القنصل العام  
Consul General

مدقق البيانات  
Checked by: