



VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002
713-659-8472 1-800-856-8472 Fax 713-659-3767
Website: www.vippassports.com Email: info@vippassports.com

NOTICE:

Consulate Fees Increase for All Non-American Passport Holders

EFFECTIVE WEDNESDAY, OCTOBER 5, 2016, THE SAUDI CONSULATES AND EMBASSY HAS INCREASED CONSULATE FEES FOR ALL APPLICANTS HOLDING A NON-AMERICAN PASSPORT. APPLYING FOR ANY "VISIT"-TYPE VISAS (*I.E. - COMMERCIAL, WORKING, FAMILY*). BELOW IS AN ESTIMATE OF THE NEW FEES AND IS SUBJECT TO CHANGE WITHOUT NOTICE.

SINGLE ENTRY	<u>\$ 600.00</u>
6 MONTH MULTIPLE ENTRY	<u>\$ 800.00</u>
12 MONTH MULTIPLE ENTRY	<u>\$1,400.00</u>
24 MONTH MULTIPLE ENTRY	<u>\$2,200.00</u>

***IT IS IMPERATIVE THAT ALL PAPERWORK IS ACCURATE PRIOR TO COMPLETING THE ONLINE ENJAZ AND PAYMENT OF VISA FEES IS MADE FOR ALL CONSULATE FEES ARE SUBJECT TO BE NON-REFUNDABLE.**

VIP PASSPORT SERVICES, INC.

Specializing in Visas, Passports, Document Legalization and Translations



NEW VISA FEES

NO.	NATIONALITY	VISA FEE			
		ENTRY VALIDITY (SINGLE ENTRY)	MULTIPLE ENTRY		
			6 MONTHS	1 YEAR	2 YEARS
1	U.S.A	MULTIPLE ENTRY VALID FOR 5 YEARS SR400			
2	BRITISH	510	510	1950	1950
3	SCHENGEN COUNTRIES	250	250	250	250
4	TURKEY	225	225	5000	8000
5	OTHER NATIONALITIES	2000	3000	5000	8000

*ALL FEES PRICE IN SAUDI RIYALS.



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ATTENTION:

THE SAUDI CONSULATE HAS VERY SPECIFIC GUIDELINES FOR EACH TYPE OF VISA THEY OFFER. TO ENSURE THAT WE ARE ABLE TO PROVIDE THE MOST ACCURATE INFORMATION AND ASSISTANCE. IF IN DOUBT AS TO WHAT TYPE PLEASE FORWARD A COPY OF THE APPROVAL/ADVISE SLIP RECEIVED FROM SAUDI ARABIA TO OUR OFFICE BY EMAIL OR FAX SO THAT WE CAN VERIFY WHAT TYPE OF VISA IS BEING REQUESTED AND SO THAT WE CAN BE SURE WE PROVIDE THE CORRECT LIST OF INSTRUCTION.

THE MOST COMMON VISAS ISSUED BY THE SAUDI ARABIA EMBASSY/CONSULATE ARE AS FOLLOWS:

TYPE OF VISA	ARABIC TRANSLATION	DESCRIPTION
BUSINESS ("COMMERCIAL")	زيارة تجارية	SHORT TERM VISA ISSUED TO BUSINESSMEN, INVESTORS, REPRESENTATIVES OF U.S. COMPANIES, MANAGERS, SALES REPRESENTATIVES, ETC. NO EMPLOYMENT PERMITTED.
WORKING VISIT VISA	زيارة عمل	SHORT TERM VISA FOR TEMPORARY WORK PURPOSES, TYPICALLY NON-BUSINESS.
FAMILY VISIT VISA	زيارة عائلة	SHORT TERM VISA ISSUED TO FAMILY MEMBERS OF THE EMPLOYMENT VISA HOLDER WHO WILL BE WORKING IN OR ALREADY RESIDES IN SAUDI ARABIA. DOES NOT PERMIT APPLICANT TO RESIDE IN SAUDI OR HOLD EMPLOYMENT.
EMPLOYMENT/WORK VISA (BLOCK)	عمل	LONG-TERM VISA ISSUED FOR EMPLOYMENT BY SAUDI ARABIAN COMPANY.
RESIDENT VISA	إقامة	LONG-TERM VISA ISSUED TO FAMILY MEMBERS OF THE EMPLOYMENT VISA HOLDER WHO WILL BE WORKING IN OR ALREADY RESIDES IN SAUDI ARABIA. DOES NOT PERMIT APPLICANT TO WORK IN SAUDI.
GOVERNMENT VISIT VISA	زيارة حكومية	SHORT TERM VISA ISSUED WITH APPROVAL DIRECTLY FROM THE GOVERNMENT. NO VISA FEE, VISA REQUIREMENTS SIMILAR TO "BUSINESS" VISA.

VERIFYING THE TYPE OF VISA REQUESTED WILL HELP ENSURE THERE ARE NO DELAYS IN PROCESSING, SO IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT THE TYPE OF VISA YOU WILL NEED, PLEASE CONTACT OUR OFFICE FOR FURTHER GUIDANCE.

THANKS,

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NOTICE:

MEDICAL COVERAGE NOW REQUIRED FOR NON-U.S. PASSPORT HOLDERS

EFFECTIVE MONDAY, JUNE 20, 2016, THE SAUDI CONSULATES AND EMBASSY NOW REQUIRE MEDICAL INSURANCE BE PURCHASED FOR ALL APPLICANTS APPLYING FOR ANY “ VISIT”-TYPE VISAS (*I.E.- COMMERCIAL, WORKING, FAMILY*). THE INSURANCE IS TO BE PURCHASED THROUGH ONE OF THEIR APPROVED PROVIDERS WHEN COMPLETING THE ONLINE APPLICATION. EACH APPLICANT’S INSURANCE COST WILL VARY AS IT IS DETERMINED BY A NUMBER OF FACTORS SPECIFIC TO THAT PERSON (*AGE, GENDER, ETC*). FEES CAN RANGE FROM \$20.00 TO \$400.0 PER APPLICANT.

PLEASE COMPLETE AND RETURN THE MEDICAL INSURANCE FORM (*PAGE 14*) WITH EACH REQUEST TO ENSURE YOUR REQUEST IS PROCESSED ACCURATELY.

WE WILL UPDATE OUR INFORMATION AS IT BECOMES AVAILABLE.

THANK YOU,

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WORK ORDER REQUEST FORM

(RETURN THIS FORM WITH EACH REQUEST)

BILLING INFORMATION:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
CITY/ST: _____
PHONE: _____
CELL: _____
FAX: _____
EMAIL: _____

RETURN DOCUMENTS TO:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
CITY/ST: _____
PHONE: _____
CELL: _____
FAX: _____
EMAIL: _____

CREDIT CARD INFORMATION:

CARD#: _____
EXP. DATE: _____ CVV#: _____

**SIGNATURE OF CARD HOLDER
REQUIRED:** _____

BILLING INSTRUCTIONS:

YOUR P.O. OR REF#: _____

**AUTHORIZED AMOUNT TO CHARGE MY
CREDIT CARD: US\$** _____

TRAVELERS NAME: _____

DATE OF USA DEPARTURE: _____

DATE OF BIRTH: _____

DATE YOU NEED PASSPORT: _____

VIP RESERVATION/FILE LOCATOR NUMBER: _____

SPECIAL INSTRUCTIONS: _____

HOW DID YOU HEAR ABOUT VIP?

REPEAT CUSTOMER__ INTERNET__ REFERRED__ BY_____ WALK-IN_____



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SAUDI ARABIA BUSINESS VISA NON-U.S. PASSPORT HOLDER

DOCUMENTS REQUIRED:

VALID SIGNED PASSPORT:	<u>1</u>	APPLICATION (S):	<u>1</u>
PASSPORT TYPE PHOTO (S):	<u>2</u>	TRAVEL ITINERARY:	<u>1-COPY</u>
U.S. COMPANY LETTER:	<u>1</u>	DECLARATION:	<u>1</u>
COPY OF OFFICIAL INVITATION:	<u>1</u>	RELEASE LETTER:	<u>1</u>
U.S. COMPANY REGISTRATION:	<u>N/A</u>	KSA REGISTRATION:	<u>N/A</u>

OTHER: COPY OF THE PERMANENT RESIDENCE CARD (U.S. GREEN CARD) OR
THE ORIGINAL U.S. VISA AND I-94 (VISIT <https://i94.cbp.dhs.gov/>).
PLEASE SEE NEXT PAGES FOR MORE DETAILED INFORMATION.

PLEASE FORWARD THIS SHEET AND ALL THE ABOVE REQUIREMENTS TO THE ABOVE LISTED ADDRESS

FEES PER PERSON:

VIP SERVICE FEE: (REGULAR PROCESS)	<u>\$95.00</u>
CONSULATE FEE: (SEE NEXT PAGE)	<u> </u>
MONEY ORDER: (3% OF CONSULATE FEES OR \$6.00 WHICH EVER IS THE GREATEST)	<u>\$6.00</u>
OTHER FEES: <u>COMPLETE ONLINE APPLICATION (RECOMMENDED)</u>	<u> </u>
** <input type="checkbox"/> SPECIAL HANDLING FEE: (NY OR CA PROCESSING)	<u> </u>
*ADD RETURN FEDERAL EXPRESS FEE:	<u> </u>
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u> </u>

*FEDERAL EXPRESS FEES:

PRIORITY LETTER	\$29.00
2-DAY LETTER	\$23.50
3-DAY LETTER	\$19.50
SATURDAY LETTER	\$41.50
1 ST OVERNIGHT DELIVERY	\$75.00

**VISA PROCESSING TIME

REGULAR PROCESSING TIME: 4 TO 7 DAYS

PLEASE MARK THE APPROPRIATE BOX IF YOU NEED VIP TO REQUEST TO HAVE THE VISA ISSUED BY THE CONSULATE IN NEW YORK OR LOS ANGELES, CA (\$20.00 SPECIAL HANDLING FEE).

COMMENTS: IF YOU WOULD LIKE FOR THE APPLICATION TO BE SUBMITTED THE
SAME DAY IT IS RECEIVED, PLEASE SEND YOUR PACKAGE BY A
COURIER THAT OFFERS 8:00A.M. EARLY MORNING DELIVERY.

REVISED: 8-11-2016 (JENN)



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SAUDI ARABIA BUSINESS NON- US PASSPORT

PLEASE SUBMIT THE FOLLOWING DOCUMENTS:

- 1.) **SIGNED PASSPORT**
 - MINIMUM OF 6 MONTHS VALIDITY REMAINING
 - MUST HAVE TWO SIDE-BY- SIDE BLANK VISA PAGES
- 2.) **TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)**
 - RECENT – WITHIN 6 MONTHS
 - WHITE BACKGROUND
 - DARK SHIRT
- 3.) **ONE COMPLETED APPLICATION** (IF THE HARD COPY OF THE APPLICATION IS NOT COMPLETED IN ITS ENTIRETY, IT COULD CAUSE A DELAY IN THE VISA PROCESS). **PLEASE REFERE TO THE NEXT PAGE FOR THE APPLICABLE FORMS FOR EACH EMBASSY/CONSULATE LOCATION.**
- 4.) **SIGNED DECLARATION**
- 5.) **COPY OF THE ONLINE CONFIRMATION**-IF WE RECEIVE A VISA REQUEST WITHOUT A COPY OF THE ONLINE APPLICATION CONFIRMATION, VIP WILL COMPLETE THIS PROCESS ON THE APPLICANT'S BEHALF AND CHARGE AN ADDITIONAL \$30.00 SERVICE FEE IN ADDITION TO THE \$10.50 ONLINE FEE

DUE TO THE EXTREME SENSITIVITY OF THE CONSULATE AS TO HOW THE APPLICATION IS COMPLETED, WE RECOMMEND THAT THE APPLICANT AUTHORIZE VIP TO COMPLETE THE ONLINE APPLICATION ON THEIR BEHALF TO ENSURE THAT IT IS COMPLETED CORRECTLY AND THAT THERE ARE NO DELAYS IN PROCESSING (\$30.00 FEE).**

IF THE APPLICANT PREFERS TO COMPLETE THE ONLINE APPLICATION, [CLICK HERE](#) TO COMPLETE THE REQUIRED APPLICATION AND PAY THE \$10.50 ONLINE APPLICATION FEE, IN ADDITION TO THE CONSULATE VISA FEE.
- 6.) **COMPANY LETTER OF GUARANTEE** (FROM THE U.S. EMPLOYER)
- 7.) **COPY OF THE OFFICIAL ELECTRONIC INVITATION** FROM THE SAUDI MINISTRY OF FOREIGN AFFAIRS WITH THE SEAL FROM THE SAUDI CHAMBER OF COMMERCE.
- 8.) **PROOF OF U.S. STATUS:** (PLEASE SUBMIT ONE OF THE FOLLOWING)
 - CLEAR COPY OF YOUR PERMANENT RESIDENT CARD (U.S. GREEN CARD)
 - ORIGINAL WORKING CLASS U.S. VISA AND I-94 (VISIT <https://i94.cbp.dhs.gov/>)
- 9.) **RELEASE LETTER**
- 10.) **COPY OF THE TRAVEL ITINERARY** (IF AVAILABLE)

CONTINUED →



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INVITATION LETTER:

- THE REQUIREMENT LISTED ABOVE, AND BELOW, ARE ALSO APPLICABLE IF THE INVITATION IS REQUESTING A WORK VISIT VISA (زيارة عمل)
- IF THE APPLICANT IS A PILOT OR A CREW MEMBER ON A PRIVATE AIRCRAFT THE CONSULATE WILL WANT THE INVITATION TO BE APPROVED BY THE MINISTRY OF FOREIGN AFFAIRS (NOT THE CHAMBER) AND WILL NEED TO SUBMIT A COPY OF THE VISA ADVISE SLIP ALONG WITH A COPY OF THEIR CREW ID BADGE AND OR A COPY OF THEIR PILOT'S LICENSE
- IF THE APPLICANT IS A FEMALE, THE CONSULATE WILL WANT THE INVITATION TO BE APPROVED BY THE MINISTRY OF FOREIGN AFFAIRS (NOT THE CHAMBER) AND WILL NEED TO SUBMIT A COPY OF THE VISA ADVISE SLIP
- IF THE VISA NEEDS TO BE ISSUED IN THE NAME OF THE INVITING COMPANY BE SURE THE SAUDI COMPANY SENDS A COVER LETTER TO THE CONSULATE REQUESTING THE VISA BE ISSUED IN THEIR NAME AND NOT IN THE NAME OF THE CHAMBER
- APPLICANTS THAT HAVE BEEN INVITED BY A SAUDI GOVERNMENT OWNED COMPANY SUCH AS SAUDI ARAMCO, SABIC AND SAUDI ARABIAN AIRLINES THE CONSULATE WILL NOT REQUIRE THE INVITATIONS TO BE CERTIFIED BY THE MINISTRY OF FOREIGN AFFAIRS OR FROM THE CHAMBER OF COMMERCE IN SAUDI

***SPECIAL PROCESSING NOTES:** IF THE INVITATION IS ADDRESSED TO THE SAUDI ARABIA CONSULATE IN NEW YORK, PLEASE MAKE NOTE OF THE FOLLOWING REQUIREMENTS:

- U.S. COMPANY LETTER MUST BE NOTARIZED
- YOU WILL NEED TO COMPLETE A NEW YORK APPLICATION ([CLICK HERE](#)).
- INVITATION MUST BE ACCOMPANIED BY THE CERTIFICATE OF REGISTRATION
- U.S. LETTER MUST BE ACCOMPANIED BY THE CERTIFICATE OF INCORPORATION

****SPECIAL PROCESSING FEES:**

- THE COST OF ONLINE APPLICATIONS FOR VISAS BEING PROCESSED IN NEW YORK AND WASHINGTON D.C. ARE \$50.00 VIP SERVICE FEE AND THE \$10.50 ONLINE FEE.
- ANY APPLICATIONS PROCESSED THROUGH NEW YORK OR LOS ANGELES, CALIFORNIA WILL BE SUBJECT TO A \$20.00 SPECIAL HANDLING FEE.
- IF A HANDWRITTEN APPLICATION RECEIVED IS NOT COMPLETE, IT WILL BE COMPLETED ON THE APPLICANT'S BEHALF (*IF ALL NECESSARY INFORMATION IS AVAILABLE*) FOR AN ADDITIONAL \$10.00 FEE. PLEASE BE SURE TO FOLLOW THE INSTRUCTIONS

VALIDITY: THE LENGTH OF STAY AND FOR HOW LONG THE VISA IS VALID IS ISSUED AT THE SOLE DISCRETION OF THE VISA OFFICER

REVISED: 11-29-2016 (SW)

SAUDI CONSULATE LOCATIONS

EACH APPLICANT'S INVITATION INDICATES WHERE IT WILL BE PROCESSED. IF YOU ARE UNSURE AS TO WHERE YOURS WILL BE PROCESSED, PLEASE EMAIL OR FAX A COPY OF YOUR INVITATION TO OUR OFFICE AND WE WILL ADVISE WHICH APPLICATION YOU WILL NEED TO SUBMIT.

SAUDI ARABIA EMBASSY/CONSULATE LOCATIONS	
ENGLISH	ARABIC
HOUSTON	هيوستن
WASHINGTON, DC	واشنطن
NEW YORK	نيويورك

***IF YOUR INVITATION INDICATES A LOCATION OTHER THAN THE ONES LISTED ABOVE, PLEASE CONTACT OUR OFFICE FOR MORE INFORMATION**

HOUSTON CONSULATE

[CLICK HERE](#) FOR THE **HOUSTON** VISA APPLICATION FORM

- COMPANY LETTERS AND INVITATIONS MUST BE ADDRESSED TO THE SAUDI ARABIA CONSULATE IN HOUSTON.

NEW YORK CONSULATE

[CLICK HERE](#) FOR THE **NEW YORK** VISA APPLICATION FORM

- COMPANY LETTERS AND INVITATIONS MUST BE ADDRESSED TO THE SAUDI ARABIA CONSULATE IN NEW YORK.

WASHINGTON, D.C. EMBASSY

[CLICK HERE](#) FOR THE **WASHINGTON, D.C.** VISA APPLICATION FORM

- COMPANY LETTERS AND INVITATIONS MUST BE ADDRESSED TO THE INDONESIA EMBASSY IN WASHINGTON, D.C.

REVISED: 8-11-2016 (JENN)



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EXAMPLE OF A COMPANY LETTER OF GUARANTEE

DATE: _____

EMBASSY/CONSULATE OF: SAUDI ARABIA

(PLEASE DO NOT ATTENTION THIS LETTER TO VIP SERVICES)

GENTLEMEN:

MR. / MRS. **(TRAVELER)** IS ONE OF OUR EMPLOYEES WHO IS
ENGAGED AS **(PROFESSION/JOB TITLE)** FOR **(COMPANY NAME)**. MR. / MRS.
(TRAVELER) PLANS TO VISIT **(CITY IN SAUDI)** FOR THE PURPOSE OF **(DETAILED
EXPLANATION OF TRIP)** WITH **(COMPANY IN SAUDI TO BE VISITED)**.

APPLICANTS NAME:

PASSPORT NUMBER:

PASSPORT DATE OF ISSUE:

NATIONALITY:

MR. / MRS. **(TRAVELER)** WILL BE DEPARTING THE UNITED STATES ON
(DATE) AND WILL BE STAYING FOR **(LENGTH OF TRIP)**. OUR COMPANY,
(EMPLOYER), WILL GUARANTEE MR. / MRS. **(TRAVELER)** MAINTENANCE AND WILL
BE RESPONSIBLE FOR HIS / HER WELFARE WHILE IN YOUR COUNTRY. HE / SHE IS IN
POSSESSION OF SUFFICIENT FUNDS FOR HIS / HER STAY AND HAS PREPAID
TRANSPORTATION TO RETURN TO THE UNITED STATES.

WE WOULD BE VERY APPRECIATIVE IF YOU WOULD ISSUE MR. / MRS.
(TRAVELER) THE APPROPRIATE **(SINGLE OR MULTIPLE)** ENTRY BUSINESS VISA
AT YOUR EARLIEST CONVENIENCE.

THANK YOU,

SUPERVISORS SIGNATURE

SUPERVISOR NAME

SUPERVISOR'S POSITION/JOB TITLE

*****PLEASE BE SURE THE COMPANY LETTER IS VERY DETAILED AND
FOLLOWS THE FORMAT PROVIDED. ANY LETTERS THAT ARE NOT DETAIL
AND/OR DO NOT FOLLOW THE ABOVE FORMAT MAY INCUR A DELAY IN
PROCESSING*****



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RELEASE LETTER

DEAR CONSULATE OF SAUDI ARABIA,

I, _____, AUTHORIZE YOUR OFFICE TO DISCUSS THE STATUS OF AND THE RELEASE OF MY PASSPORT TO: STEPHEN LEIGHTON, DAN THE DURAN, ISRAEL GONZALES, JOHNNY PENA, PAUL HOLROYD, ERIK ROMERO, RUBEN JALAMO OR ANY REPRESENTATIVE OF VIP PASSPORT SERVICES, INC., MY AGENT IN PROCESSING MY VISA APPLICATION FOR SAUDI ARABIA.

THANK YOU FOR YOUR ASSISTANCE.

SINCERELY,

SIGNATURE: _____ DATE: _____

DATE OF ENTRY INTO SAUDI ARABIA: _____

*I WILL ENTER INTO SAUDI VIA AIR OR LAND: _____

DATE OF DEPARTURE FROM THE U.S.A.: _____

***IF YOU DO NOT LIST THAT YOU WILL BE ARRIVING VIA AIR OR LAND ON THE VISA APPLICATION AND OR ON THIS RELEASE LETTER YOU CAN EXPECT A DELAY IN PROCESSING YOUR APPLICATION.**

MEDICAL INSURANCE INFORMATION FOR VISIT AND TRANSIT VISAS

Please answer the following questions الرجاء الاجابة على الاسئلة التالية مع مراعاة ان تكون المعلومات صحيحة

MAIN BENEFICIARY -----المستفيد الاول

GENDER ----- الجنس Date of birth ----- تاريخ الميلاد

1-Are you currently admitted to hospital or receiving emergency medical treatment? -----Yes -----No

هل هناك حالة تنويم في المستشفى حاليا او تتلقى علاج الطوارئ؟

2-Have you been I accident that caused permanent injury of disability? -----Yes -----No

هل تعرضت لحادث أدى الى اصابتك بعلقة او اعاقه؟

3-Do you have any congenital disorders? -----Yes -----No

هل لديك حالات ضعف او تشوه؟

SIGNATURE _____ الامضاء DATE _____ التاريخ

PASSPORT # ----- رقم الجواز

EXPECTED ENTRY DATE ----- تاريخ الدحول المتوقع

P.O.BOX ----- صندوق البريد

CITY ----- اسم المدينة

ZIP CODE ----- الرمز البريدي

E-MAIL ADDRESS ----- البريد الالكتروني

MOBILENUMBER ----- الجوال

Available medical insurance companies (PLEASE SELECT ONE)

Choose company	NAME OF INSURANCE
	TAWUNIYA COOPERATIV INSURANCE CO. الشركة التعاونية للتأمين التعاوني
	BUPA ARABIA FOR COOPERATIVE INSURANCE شركة بوبا العربية للتأمين التعاوني
	ARABIAN SHIELD COOPERATIVE INSURANCE CO شركة الدرع العربي لتأمين التعاوني
	AXA COOPERATIVE INSURANCE COMPANY شركة اكسا للتأمين التعاوني
	SAUDI UNITED COOPERATIV INSURANCE (WALA'A) الشركة السعودية المتحدة للتأمين التعاوني (ولاء)