

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: vipinfo@vippassports.com



NOTICE:

HIGH CONSULATE FEES FOR NON-U.S. PASSPORT HOLDERS

EFFECTIVE 2016, THE SAUDI EMBASSY AND CONSULATES HAVE INCREASED THEIR FEES FOR ALL APPLICANTS HOLDING A NON-U.S. PASSPORT APPLYING FOR ANY "VISIT"-TYPE VISAS (I.E. - COMMERCIAL, WORKING, FAMILY). BELOW IS AN ESTIMATE OF THE NEW FEES:

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>

*****FEES SUBJECT TO CHANGE WITHOUT NOTICE*****

* ALL CONSULATE FEES ARE NON-REFUNDABLE, SO IT IS IMPERATIVE THAT ALL PAPERWORK IS COMPLETED ACCURATELY IN ORDER FOR VIP TO CORRECTLY REGISTER THE ONLINE "ENJAZ" APPLICATION AND PAY APPLICABLE VISA FEES.

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

EFFECTIVE 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 COSTS 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 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

TRAVELER INFO

TRAVELER NAME

TRAVELER DATE OF BIRTH

DATE OF U.S. DEPARTURE

DATE PASSPORT IS NEEDED

VIP FILE LOCATOR NUMBER

DON'T FORGET
TO FAX OR EMAIL
YOUR DOCUMENTS TO
OUR OFFICE FOR OUR
COMPLIMENTARY
PASSPORT/VISA
PRE-CHECK!

BILLING INFORMATION (CHECK BOX IF SAME AS SHIPPING)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

P.O. OR BILLING REF#:

RETURN SHIPPING INFORMATION (CHECK BOX TO WAIVE SIGNATURE)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

METHOD OF PAYMENT

CREDIT CARD

CARD NUMBER

EXP. DATE

CVV CODE

SIGNATURE OF CARD HOLDER

AUTH. AMOUNT \$_____

MONEY ORDER

CASHIER'S CHECK

COMPANY CHECK

SPECIAL INSTRUCTIONS: _____

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT TRANSLATIONS & LEGALIZATIONS

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SAUDI ARABIA BUSINESS (NON – U.S. PASSPORT)

PLEASE SUBMIT THE FOLLOWING DOCUMENTS:

- 1.) **SIGNED PASSPORT**
 - MINIMUM OF 6 MONTHS REMAINING VALIDITY
 - 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) **THE CONSULATE WILL NOT ACCEPT ANY APPLICATIONS WITH WHITE-OUT OR OTHER HAND-MADE CORRECTIONS. PLEASE BE SURE TO USE OUR TIPS ON COMPLETING THE APPLICATION TO HELP ENSURE THERE ARE NO DELAYS IN SUBMISSION AND/OR PROCESSING. PLEASE REFER TO THE NEXT PAGES FOR THE APPLICABLE FORMS FOR EACH EMBASSY/CONSULATE LOCATION.**
- 4.) **SIGNED DECLARATION** (1ST PAGE OF APPLICATION)
- 5.) **COPY OF THE ONLINE CONFIRMATION**- DUE TO THE **EXTREME** SENSITIVITY OF THE CONSULATE AS TO HOW THE ONLINE APPLICATION IS COMPLETED, VIP WILL COMPLETE THIS PROCESS ON THE APPLICANT'S BEHALF (ADDITIONAL \$50.00 SERVICE FEE IN ADDITION TO THE \$10.50 ONLINE APPLICATION FEE)
- 6.) **COMPANY LETTER OF GUARANTEE** (FROM THE U.S. EMPLOYER)
- 7.) **COPY OF THE OFFICIAL INVITATION** FROM THE SAUDI MINISTRY OF FOREIGN AFFAIRS
- 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)

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 AS WELL AS A COPY OF THEIR CREW ID BADGE AND/OR A COPY OF THEIR PILOT'S LICENSE

***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 (SEE NEXT PAGES)
- INVITATION MUST BE ACCOMPANIED BY THE CERTIFICATE OF REGISTRATION
- U.S. LETTER MUST BE ACCOMPANIED BY THE CERTIFICATE OF INCORPORATION

CONTINUED →

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****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 11-15-2018 JENN

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	هيوسطن
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 SAUDI ARABIA EMBASSY IN WASHINGTON, D.C.

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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:

PROFESSION:

PASSPORT DATE OF ISSUE:

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 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, OSCAR LOPEZ, 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.: _____

*APPLICATIONS PROCESSED VIA THE HOUSTON CONSULATE WILL TYPICALLY ALLOW THE APPLICANT TO ENTER SAUDI VIA AIR OR LAND. APPLICATIONS PROCESSED VIA NEW YORK, DC OR LOS ANGELES WILL TYPICALLY ALLOW ENTRY ONLY VIA AIR TRAVEL.

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)