



SAUDI ARABIA • FAMILY VISA

ORDER FORM

- * Please complete the full order form in order for us to begin any process
- * Remember to indicate whether you will pick up your passport/documents or have it return couriered to your address provided.

PASSPORT

- * Your passport must not contain any current and valid Saudi Arabian visas when applying for a new visa
- * Ensure that your passport is valid for at least 6 months from the application date
- * Non-New Zealand passport holders must submit a valid New Zealand visa

PHOTOS

- * Passport sized photos against a white or very light background
- * Face must be clearly visible

APPLICATION

- * Complete the full application as the example provided
- * Do not cross out and amend any information - *complete a new form instead*
- * Always use **CAPITAL** letters throughout
- * Sign the application after printing (wet signature) - **no digital signature accepted**
- * Fully write out "**Not Applicable**" wherever necessary
- * Religious field: Choose between "Muslim", "Non-Muslim", or "Not Applicable"
- * Be sure to include the name, Po Box, and contact number of your sponsor in Saudi Arabia



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VISA AUTHORISATION

- * The visa authorisation form should be arranged by your sponsor in Saudi Arabia and emailed to us as soon as possible
- * Ensure all names are spelled correctly
- * **For work and business visas:** Ensure your profession on the authorisation matches your application, company letter, and any other related documents

TRAVEL HISTORY

- * Complete the Travel History form with the **full dates** and countries where you have travelled within the last **5 years**, including your reason for travel

MEDICAL INSURANCE

- * All applicants must complete the medical insurance form as per the example given
- * Ensure the expected entry date **matches** that of your **application**
- * The address provided **MUST** contain the PO Box, district, and area code of your address in Saudi Arabia

PROOF OF RELATIONSHIP

- * A proof of relationship can be either a **birth** or **marriage** certificate, or combination of both, confirming your relationship to the sponsor
- * Non-Arabic certificates must be translated and authenticated by The Department of Internal Affairs with an apostille

Our office can complete the procedure if required

SPONSOR IQAMA & PASSPORT

- * Please provide copies of your sponsor's IQAMA and passport to confirm their identity

9 Huron Street · Takapuna · Auckland · 0622 · New Zealand

toll free 0800 331 110 mobile +64 219 672 73 phone +64 921 255 77 email ksa@vantagevisaservices.co.nz

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DECLARATION FORM

- * After your application has been lodged online, we will email a Saudi declaration form for you to sign
- * Please read through all the regulations carefully, then name, date, and sign the form
- * Email the signed form back as soon as possible in order to submit all documents to the embassy

EMBASSY VISA & INSURANCE FEES

- * The visa & insurance fees are subject to change without notice based on the USD exchange rate on the day of submission
- * Approximate visa fees:
 - Work Visa - US\$20
 - Others - US\$90
- * The Medical Insurance fee is approximately US\$30, however this varies depending on nationality and visa type

PROCESSING TIME

- * Once all documents are ready to submit to the embassy, visa processing may take 2-3 working days in Auckland
- * Wellington processing times may take a week or more due to courier times



ORDER FORM

YOUR DETAILS

Full Name:			
Company (if applicable):			
Email:		Phone:	
Address:			
City:	State:	Post Code:	
Country:			

RETURN ADDRESS

Same as above <input type="checkbox"/>			
Name:			
Email:		Phone:	
Address:			
City:	State:	Post Code:	
Country:			

SERVICES

Please select the appropriate service required:

Visa Application:		Type:	
Document Legalisation:		Type:	
Other (please specify):			
Embassy/Country:			

Date:

Signature:



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CLARIFICATION AND DISCLAIMER

The requirements and fees for visas and document legalisation are determined by the relevant government agencies and other service providers and not by Vantage Travel International Ltd. These agencies may change the requirements and fees at any time without prior notice, and the company must comply with these changes.

Vantage Travel International Ltd. is not responsible for any changes in visa requirements, fees, document legalisation processes, or processing time. The company is also not responsible for any losses or delays during the shipment provided by third parties such as registered couriers or postal service providers and companies. Vantage Travel International Ltd. will not be held liable for any damage, loss, or delay caused by third parties or events outside of their control, including embassy closures and the actions of consular officials.

The client acknowledges that processing times are approximate and cannot be guaranteed and that the company may refuse to process any document at its sole discretion. The client is responsible for securing their passport and visa before purchasing non-refundable tickets or reservations and agrees to pay for the services fees of Vantage Travel International Ltd.

I hereby authorise Vantage Travel International Ltd. to handle my visa application and documents and I agree to VANTAGE TRAVEL INTERNATIONAL LTD.'s terms and conditions and to pay for the services rendered. I agree that Vantage Travel international will not return my passports and documents until the full payment is made and delivered to its bank account.

Name:

Date:

Signature:

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SAUDI ARABIA • MEDICAL INSURANCE

APPLICANT DETAILS

Full Name as in Passport:

Phone:

Email:

Arrival Date in KSA:

PO Box Address in KSA:

Phone Number in KSA:

ALL APPLICANTS:

Please select the appropriate box:

Are you currently admitted to hospital or receiving emergency medical treatment?	Yes	No
Have been in an accident that caused permanent injury or disability?	Yes	No
Do you have any congenital disorder?	Yes	No

FEMALE APPLICANTS ONLY:

Please select the appropriate box:

Are you currently pregnant?	Yes	No
If yes, is the pregnancy an outcome of assisted means of conception such as IVF or hormonal induction?	Yes	No
If pregnant, how many months are you pregnant?		

Date:

Signature:



SAUDI ARABIA • TRAVEL HISTORY

In accordance with the Saudi Ministry of Foreign Affairs requirements, please list all countries visited over the last **five** years:

Country	From	To	Purpose

Name:

Date:

Signature:



The Royal Embassy of Saudi Arabia
New Zealand

PERSONAL DETAILS

المعلومات الشخصية

Full Name:	الإسم كاملاً:				
Mother's Name:	اسم الأم:				
Date of Birth:	تاريخ الميلاد:	Place of Birth:	مكان الميلاد:		
Current Nationality:	الجنسية الحالية:	Previous Nationality:	الجنسية السابقة:		
Sex: Female	انثى	Male	ذكر:	Marital Status:	الحالة الإجتماعية:
Religion:	الديانة:	Profession:	المهنة:		
Qualification:	المؤهل العلمي:	Place of Issue:	مصدره:		
Home Address:	عنوان المنزل ورقم التلفون:				
	Home Telephone:				
Business Address:	عنوان العمل ورقم التلفون:				
	Business Telephone:				

PASSPORT DETAILS

بيانات الجواز

Passport Number:	رقم الجواز:	Place of Issue:	مكان الإصدار:
Issue Date:	تاريخ الإصدار:	Expiry Date:	تاريخ انتهاء صلاحية الجواز:
Relationship:	صلته:	اسم المحرم:	
Dependents travelling on the same passport:		بيانات افراد العائلة المضافين على نفس الجواز:	

نوع الصلة	تاريخ الميلاد	الجنس	الإسم بالكامل
Relationship	Date of Birth	Sex	Full Name

TRAVEL DETAILS

بيانات الرحلة

Purpose of Travel:	عمل	مرور	زيارة	عمره	اقامة	حج	دبلوماسية	الغرض من السفر
	Work	Transit	Visit	Umrah	Residence	Hajj	Diplomacy	
Arrival Date:	تاريخ الوصول:	Departure Date:	تاريخ الاقلاع:	Duration of Stay:	مدة الاقامة:			
Destination:	جهة الوصول:	Carrier's Name:			اسم الشركة الناقلة:			
Name, address, and phone of company or individual in the Kingdom:			اسم وعنوان الشركة او الشخص في المملكة:					

PAYMENT DETAILS

طريقة الدفع

Mode of Payment:	مجاناً	نقداً	شيك رقم:	ايصال رقم
	Free	Cash	Cheque num.	Credit

DECLARATION

اقرار

I, the undersigned, confirm that all information given above is correct. I agree to allow my fingerprints and iris (eye) to be scanned and modelled in line with the security requirements for granting the visa. I pledge to abide by the laws of the Kingdom during my period of stay.

Signature: التوقيع: Name: الاسم:

Date: الاسم:

FOR OFFICIAL USE ONLY

للإستعمال الرسمي فقط

Date:	التاريخ:	Authorization:	الامر المعتمد عليه لمنح التأشيرة:
Visit / Work for:	لزيارة—للعمل لدى:		
Date:	التاريخ:	Visa Number:	رقم التأشيرة:
Duration:	مدة الاقامة:	Type:	النوع:
Fee Collected:	المبلغ المحصل:	Checked by:	المدقق:
Head of Visa Section:			رئيس قسم التأشيرات:



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FAMILY VISIT VISA CHECKLIST

Please use the checklist below to help organise all the documents needed to apply for your visa:

Order Form

Passport

Copy of NZ visa *(if foreign passport)*

2x Passport Photos

Application

Visa Authorisation

Travel History Form

Medical Insurance Form

Authenticated Proof of Relationship

Copy of Sponsor's IQAMA

Copy of Sponsor's Passport

Got everything? Fantastic.

We can now lodge your application and deliver it to the embassy!



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