



Vantage
Travel International

TRAVEL & VISA SERVICES

NEW YORK | CAIRO | SYDNEY | AUCKLAND

SAUDI ARABIA • FAMILY VISIT VISA

Example Pack

Please see the example forms below to assist in easily filling out your own forms.

Please Note:

- * Date Format is **DD/MM/YYY** or Month written out
- * Digital signatures are accepted on all forms **EXCEPT** the Application
- * A **Wet Signature** is required on the application
- * Always email documents to us to check before sending the originals

You have to provide:

- * Passport
- * Photos
- * NZ Visa if required
- * Visa Authorisation
- * Proof of Relationship
- * Sponsor IQAMA & Passport

If you get stuck or need more information, please don't hesitate to contact us!



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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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: *JSmith*

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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: *J. Smith*

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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: *J. Smith*



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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: *JSmith*

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FILL OUT IN CAPITALS

The Royal Embassy of Saudi Arabia
New ZealandDO NOT
ATTACH
PHOTOSRoyal Consulate of Saudi Arabia in
New ZealandWRITE EITHER "MUSLIM",
"NON-MUSLIM", OR
"NOT APPLICABLE"WRITE
"NOT APPLICABLE" OR
CURRENT NATIONALITY

PERSONAL DETAILS

المعلومات الشخصية

Full Name: JOHN SMITH	الإسم كاملاً:
Mother's Name: JANE SMITH	اسم الأم:
Date of Birth: 01/10/1980 تاريخ الميلاد:	Place of Birth: NEW ZEALAND مكان الميلاد:
Current Nationality: NEW ZEALAND الجنسية الحالية:	Previous Nationality: NOT APPLICABLE الجنسية السابقة:
Sex: Female <input type="checkbox"/> انثى Male <input checked="" type="checkbox"/> ذكر: الجنس:	Marital Status: MARRIED الحالة الاجتماعية:
Religion: NOT APPLICABLE الديانة:	Profession: ENGINEER المهنة:
Qualification: DOCTORATE OF ENGINEERING المؤهل العلمي:	Place of Issue: LONDON مصدره:
Home Address: 10 ROSE STREET, ROSEDALE, AUCKLAND, 0622 عنوان المنزل ورقم التلفون:	Home Telephone: 022 123 4567
Business Address: 11 JACK STREET, ROSEDALE, AUCKLAND, 0622 عنوان العمل ورقم التلفون:	Business Telephone: 022 234 5678

PASSPORT DETAILS

بيانات الجواز

Passport Number: LM123456 رقم الجواز:	Place of Issue: WELLINGTON مكان الإصدار:
Issue Date: 01/01/2020 تاريخ الإصدار:	Expiry Date: 01/01/2030 تاريخ انتهاء صلاحية الجواز:
Relationship: صلته:	اسم المحرم:

Dependents travelling on the same passport: بيانات افراد العائلة المضافين على نفس الجواز:			
نوع الصلة Relationship	تاريخ الميلاد Date of Birth	الجنس Sex	الإسم بالكامل Full Name

LEAVE SECTION BLANK

TRAVEL DETAILS

بيانات الرحلة

Purpose of Travel:	عمل Work	مرور Transit	زيارة Visit	عمره Umrah	اقامة Residence	حج Hajj	دبلوماسية Diplomacy	الغرض من السفر
Arrival Date: 01/06/24 تاريخ الوصول:	Departure Date: 01/08/24 تاريخ الإقلاع:	Duration of Stay: 61 DAYS مدة الإقامة:	اسم الشركة الناقلة: اسم وعنوان الشركة او الشخص في المملكة:					
Destination: JEDDAH جهة الوصول:	Carrier's Name: EMIRATES	POBOX 1234, AL KHOBAR, 7890, KSA +966 456 789 1234						

PAYMENT DETAILS

طريقة الدفع

Mode of Payment:	مجاً Free	نقداً Cash	شيك رقم: Cheque num.	ايصال رقم Credit
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LEAVE SECTION BLANK

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.

PLEASE SIGN AFTER PRINTING

Signature: التوقيع: *J. Smith* Name: الاسم: JOHN SMITH
Date: 01/05/2024 الاسم:

FOR OFFICIAL USE ONLY

للاستعمال الرسمي فقط

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