



SAUDI ARABIA • RESIDENCY 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

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 REPORT

- * Applicants aged **16 and over** must complete a medical examination by a registered New Zealand doctor
- * Any registered NZ doctor may perform the exam
- * The report has to be notarised and authenticated through an apostille by the Department of Internal Affairs
- * **Applicants are responsible for booking their own medical exam**

Our office can complete the procedure if required

CRIMINAL RECORD CHECK

- * Applicants aged **16 and over** requires a Criminal Record Check
- * The report needs to be authenticated with an apostille by the Department of Internal Affairs
- * Please visit <https://www.criminalrecords.govt.nz/#> to complete the check yourself

Our office can complete the procedure if required

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

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 • 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:



CRIMINAL RECORD CHECK

PERSONAL DETAILS

First Name

Middle Name

Surname

Have you been known by any other names? YES

NO

Date of Birth

Place of Birth

Contact Number

Gender

Email

ADDRESS

Street Number

Unit

Street Name

Suburb

Town/City

State/Province

Postal Code

Country

Have you lived at any other New Zealand address in the last 10 years? YES

NO

DECLARATION


I hereby declare that the information provided above is correct and give permission to Vantage Visa Services to request my Criminal Conviction History.

Name:

Date:

Signature:

MEDICAL REPORT

 <p style="text-align: center;">ATTACH PHOTO HERE (Ensure photo is signed and stamped by your Doctor)</p>	Name:	
	Sex:	Age:
	Status:	Nationality:
	Position applied for:	
	Dear Sir, Please arrange to examine the above candidate to determine whether they are medically fit for the above mentioned position.	
	Date:	Recruitment Attaché:

Please detail any history of significant illness, including psychiatric/neurological disorders (e.g. epilepsy, depression), allergy, etc:

MEDICAL EXAMINATION		
Type		Results
Eye	- Vision R	
	- Vision L	
	- Other R	
	- Other L	
Ear	- R	
	- L	
Chest X-ray (2)		
Systemic	- Blood Pressure	
	- Heart	
	- Lungs	
	- Abdomen	
Other	- Hernia	
	- Varicose Veins	
	- Extremities	
Venereal	- Skin	
	- Clinical	
	- Lab -VDRL -TPHA	

LAB INVESTIGATIONS		
Type		Results
Urine	- Sugar	
	- Albumin	
	- Bilharziasis	
	- Other	
Stool	- Helminthes	
	- Bilharziasis	
	- Salmonella	
	- V Cholera	
Blood	- Other	
	- Haemoglobin	
	- Malaria Film	
Serology	- Other	
	- HIV	
	- FBC	
	- HbsAg, anti-HCV	
	- LFT	
Pregnancy	- Creatinine	
	- Urea	

THE ABOVE IS A MEDICAL REPORT FOR:

IS THE APPLICANT FIT FOR EMPLOYMENT? YES NO

PHYSICIAN'S SIGNATURE:

PHYSICIAN'S NAME:



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:	اسم وعنوان الشركة او الشخص في المملكة:				
Name, address, and phone of company or individual in the Kingdom:								

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:	Visa Number:	رقم التأشيرة:
Date:	التاريخ:	Type:	النوع:
Duration:	مدة الاقامة:	Checked by:	المدقق:
Fee Collected:	المبلغ المحصل:	رئيس قسم التأشيرات:	
Head of Visa Section:			



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RESIDENCY 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

Authenticated Medical Report

Authenticated Criminal Record Check

Authenticated Proof of Relationship *(Birth/Marriage Certificate)*

Copy of parent/spouse's IQAMA

Copy of parent/spouse's passport

Got everything? Fantastic.

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



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

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