

## SAUDI ARABIA • RESIDENCY 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
- \* Criminal Record Check (if applying yourself)
- \* Proof of Relationship
- \* Sponsor IQAMA & Passport

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





# TRAVEL & VISA SERVICES

NEW YORK | CAIRO | SYDNEY | AUCKLAND

## 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: *J. Smith*

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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**Vantage**  
Travel International

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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 • 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:** *J. Smith*

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## 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:** *J. Smith*

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## MEDICAL REPORT

Dr M Jones  
Address: Sheep City  
123 456 789  
email@sheepcity.com



Name: John Smith

Sex: Male

Age: 44 years

Status:

Nationality: New Zealand

Position applied for: Operations Manager

Dear Sir,

Please arrange to examine the above candidate to determine whether they are medically fit for the above mentioned position.

Date: 01/05/2024

Recruitment Attaché:

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

None

Please fill out all blocks

### 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	
	- Skin	
Venereal	- Clinical	
	- Lab -VDRL	
	-TPHA	

### LAB INVESTIGATIONS

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

THE ABOVE IS A MEDICAL REPORT FOR: John Smith

IS THE APPLICANT FIT FOR EMPLOYMENT?

☒ YES

☐ NO

PHYSICIAN'S SIGNATURE:

*M Jones*

PHYSICIAN'S NAME: Dr. M Jones

DO NOT  
ATTACH  
PHOTOS

FILL OUT IN CAPITALS

The Royal Embassy of Saudi Arabia  
New Zealand



WRITE EITHER "MUSLIM",  
"NON-MUSLIM", OR  
"NOT APPLICABLE"

WRITE  
"NOT APPLICABLE" OR  
CURRENT NATIONALITY

PERSONAL DETAILS

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"/> أنثى 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

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: صلة:	اسم المحرم:		
Dependents travelling on the same passport: بيانات أفراد العائلة المضافين على نفس الجواز:			
نوع الصلة	تاريخ الميلاد	الجنس	الإسم بالكامل
Relationship	Date of Birth	Sex	Full Name
LEAVE SECTION BLANK			

TRAVEL DETAILS

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

PAYMENT DETAILS

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

DECLARATION

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:	Name: الاسم:
Date: 01/05/2024 الاسم:	JOHN SMITH

FOR OFFICIAL USE ONLY

Date: التاريخ:	Authorization: الأمر المعتمد عليه لمنح التأشيرة:
Visit / Work for: لزيارة - 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:	