

NEW YORK | CAIRO | SYDNEY | AUCKLAND

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!





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ORDER FORM

YOUR DETAILS			
Full Name:			
Company (if applicable):			
Email:		Phone:	
Address:			
City:	State:	Post Code:	
Country:			
	RETURN ADDRE	ESS	
	Same as above		
Name:			
Email:		Phone:	
Address:			
City:	State:	: Post Code:	
Country:			
	SERVICES		
Please select the appropriate se	ervice required:		
Visa Application:	Туре:		
Document Legalisation:	Туре:		
Other (please specify):			
Embassy/Country:			
Date:		Signature: Smith	



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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: Smith



Name:

TRAVEL & VISA SERVICES

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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	То	Purpose

Date:	Signature: 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

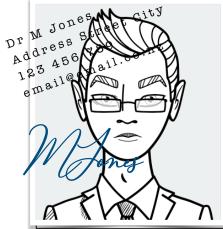
I hereby declare that the information provided above is correct and give permission to Vantage Visa Services to request my Criminal Conviction History.

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Date:

Signature: Smith

MEDICAL REPORT



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			
Туре			Results
Eye	-	Vision R	
	-	Vision L	
_	-	Other R	
	-	Other L	
Ear	-	R	
	-	L	
Chest X-ra	y (2)		
Systemic	-	Blood Pressure	
	-	Heart	
_	-	Lungs	
	-	Abdomen	
Other _	-	Hernia	
_	-	Varicose Veins	
_	-	Extremities	
	-	Skin	
Venereal	-	Clinical	
_	-	Lab -VDRL	
		-TPHA	

LAB INVESTIGATIONS			
Туре			Results
Urine	-	Sugar	
	-	Albumin	
	-	Bilharziasis	
	-	Other	
Stool	-	Helminthes	
	-	Bilharziasis	
	-	Salmonella	
	-	V Cholera	
_	-	Other	
Blood	-	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:	PHYSICIAN'S NAME: Dr. M Jones

