



Residence Visa FOR SAUDI ARABIA

- **A Valid Passport** which has at least **twelve (12)** months validity from your 1st trip to Saudi Arabia. Your passport must have **two (2)** blank pages and they **MUST** be side by side.

If your passport is about to expire or needs more pages, please contact us and we will help to obtain new, renew or add pages to your passport.

- **Four (4) Passport Style Photographs:** Please have a white background and the standard passport size photos 2 x2 inches. They must be recent.
- **Visa Questionnaire/Application** completed in its entirety, dated, and **signed**. Application is enclosed.
- **A Letter of Invitation from Saudi Arabian Ministry of Foreign Affairs** this must indicate the sponsor in Saudi Arabia and your relationship to the sponsor.
- **Saudi Arabian Declaration Form**, original signature and dated
- **THREE (3)** copies of the completed **Medical Form** for all applicants aged 17 and older. Form is enclosed
- **A copy of Iqama card**, if sponsor is living in Saudi Arabia, a copy of his/her residence card must be provided.
- **A copy of Sponsors Passport/Visa** (If Non-Saudi Arabia citizen): must provide a clear, legible copy of the sponsors passport and current Saudi Arabian visa
- **Proof of Relationship to the Sponsor**, a copy of birth certificate for kids, marriage certificate for wife/husband, or any other court order which demonstrates a relationship to the sponsor.
- **A Copy of Travel itinerary** containing the name of passenger, the confirmed itinerary, flight number.
- A copy of an electronic **Enjaz** submission slip (if any).
- **Travel Visa Pro Order Form**. Form is enclosed.

In San Francisco:

2021 Fillmore St
San Francisco, CA 94115
Local: (415) 229-3210
Email: info@travelvisapro.com

In Washington DC:

1802 Vernon St NW
Washington, DC 20009
Local: (202) 684 7150
Email: dc@travelvisapro.com

In Houston, TX:

3401 Louisiana St, Ste 130
Houston, TX 77002
Local: (713) 936 0773
Email: houston@travelvisapro.com

In Los Angeles:

373 S Doheny Dr, Ste B
Beverly Hills, CA 90211
Local: (310) 878 2590
Email: la@travelvisapro.com

ALL PROCESSING TIMES ARE GIVEN IN BUSINESS DAYS
(5 BUSINESS DAYS PER WEEK MAX OR FEWER IF THERE ARE ANY HOLIDAYS)

SAUDI ARABIA Residence VISAS		
Processing type--->	Rush	Regular
Processing time (business days) -->	2-4	5-7 business days
Residence SINGLE/MULTIPLE- ENTRY for up to 5 years (as per telex)	\$25 + 299 = \$324*	\$25 + \$169 = \$194*
* Price includes consular fee + service fee		

Please MAIL PAPERWORK TO:

Travel Visa Pro
Attn: Saudi Visas
1802 Vernon St NW,
Washington, DC 20009
(202) 684 7150

TERMS AND CONDITIONS: Travel & Visa Pro acts only as an agent, and only Embassy/consular officials and U.S. Passport Office agents make the final determination when deciding how fast a visa or passport will be issued and for what period of time (validity) visas can be issued. U.S. Passport Services reserve the right to prioritize the processing according to the departure date provided by the applicant. Embassy/consulate officials also have the right to ask for additional documentation in order to issue a passport or visa. Travel & Visa Pro accepts no responsibility for the services of the Passport Agency or Embassy/Consulate in connection with the granting of passports or visas, nor for any delays, loss of passports or other materials occasioned by such services or by any delivery services such as FedEx, UPS, or the US Postal Service. Damage compensation is not available. In the case where a visa or passport application has been canceled or rejected, the service fee will be non refundable. In case mistake is made on our part in dates/names, please notify us within 12 hours after receipt of your visa for necessary corrections to be made. If your trip has been postponed or dates are changed, some consulates permit visa correction for a fee.

<p>NEW SERVICE</p> <p>FREE PASSPORT REPLACEMENT COVERAGE FOR \$9.99 per person</p>	<p>This affordable passport replacement program offers FREE replacement of your passport if it has been lost, stolen, or damaged – for total up to \$299 in free services. Upon receipt of your claim, we will secure the fastest speed necessary to process your passport. Please read complete terms and conditions of the program at http://www.travelvisapro.com/index.php?travel,do.index.</p>
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صورة

Photo



سفارة المملكة العربية السعودية
واشنطن
القسم القنصلي

Royal Embassy of Saudi Arabia
Washington
Consular Section

الإسم الكامل:	Last Name:	Middle Name:	First Name:
إسم الأم:	Mother's Name:		
محل الولادة:	Place of Birth:	تاريخ الولادة:	Date of Birth:
الجنسية الحالية:	Present Nationality:	الجنسية السابقة:	Previous Nationality:
رقم الجواز:	Passport No:	محل الإصدار:	Place of Issue:
تاريخ الإصدار:	Date of Issue:	تاريخ انتهاء صلاحية الجواز:	Expiration Date:
الحالة الاجتماعية:	Martial Status:	الجنس:	Sex:
متزوج <input type="checkbox"/> عازب <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/>		أنثى <input type="checkbox"/> ذكر <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
الديانة:	Religion:		
المهنة:	Qualification:	المؤهل العلمي:	Profession:
عنوان المنزل ورقم التلفون:	Home Address and Telephone No.:		

البريد الإلكتروني:	E-mail Address:
عنوان الشركة (المؤسسة) ورقم التلفون:	Business Address and Telephone No.:

الغاية من السفر:	Purpose of Travel:
<input type="checkbox"/> شخصية <input type="checkbox"/> خاصة <input type="checkbox"/> دبلوماسية <input type="checkbox"/> حج <input type="checkbox"/> عمرة <input type="checkbox"/> دراسية <input type="checkbox"/> إقامة <input type="checkbox"/> عمل <input type="checkbox"/>	<input type="checkbox"/> Personnel <input type="checkbox"/> Special <input type="checkbox"/> Diplomat <input type="checkbox"/> Hajj <input type="checkbox"/> Umrah <input type="checkbox"/> Student <input type="checkbox"/> Residence <input type="checkbox"/> Employment
<input type="checkbox"/> زيارة عائلة <input type="checkbox"/> حكومية <input type="checkbox"/> رجال اعمال <input type="checkbox"/> تجارية <input type="checkbox"/> سياحة <input type="checkbox"/> مرور <input type="checkbox"/> تمديد عودة <input type="checkbox"/>	<input type="checkbox"/> Family Visit <input type="checkbox"/> Government <input type="checkbox"/> Businessmen <input type="checkbox"/> Commerce <input type="checkbox"/> Tourism <input type="checkbox"/> Transit <input type="checkbox"/> Re-Entry

طريقة الدفع:	Method of Payment: Company Check: [] Money Order: []
اسم وعنوان الشركة أو اسم الشخص الداعي وعنوانه بالمملكة:	Name and Address of Company or Individual invitee in the Kingdom:

معلومات السفر:	Travel Information:
Date of arrival in Saudi Arabia: <input type="text"/> Via Airline: <input type="text"/> Flight No: <input type="text"/>	
City of Embarkation: <input type="text"/> Port of Entry: <input type="text"/>	
Duration of Stay in the Kingdom: <input type="text"/>	

اسم المحرم:	اسم المحرم:
Relationship of the person traveling with:	Name of traveling companion: <input type="text"/>

*** Application must be filed out its entirety ***

I, the undersigned, hereby certify that:

- أنا الموقع أدناه اوافق على اخذ بصمة الاصابع وقزحية العين
- أقر بأن كل المعلومات التي دونتها صحيحة وسأكون ملتزماً بقوانين المملكة أثناء فترة وجودي بها.
- I agree to have my fingerprints taken and my retinal scanned.
- All the information provided is correct. I will abide by the laws of the Kingdom during the period of my residence.

التاريخ:

التوقيع:

الإسم:

Name:	Signature:	Date:
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سفارة المملكة العربية السعودية

واشنطن

القسم القنصلي

Royal Embassy of Saudi Arabia

Washington

Consular Section

NOTICE ON SAUDI LAWS AND REGULATIONS

I hereby undertake to give my fingerprints and my eye iris pattern images and comply with the laws of the Kingdom of Saudi Arabia.

I, the undersigned, hereby agree to have my fingerprint and iris data (biometrics) captured as part of the application procedure for an entry visa to the Kingdom of Saudi Arabia. I further agree and declare as follows:

1. If granted the visa, I shall abide by all the laws and regulations of the Kingdom of Saudi Arabia and respect the Islamic customs and traditions of its people;
2. I am aware that all alcoholic beverages, narcotics and other illegal drugs, pornographic materials or publications that violate the social norms of decency and all other publications that are disrespectful of any religious belief or political orientation are prohibited and shall not be brought into the Kingdom of Saudi Arabia;
3. I am also fully aware that the crime of smuggling narcotics and other illegal drugs into the Kingdom of Saudi Arabia is punishable by the death penalty;
4. I have never been removed, excluded or deported from the Kingdom of Saudi Arabia or from any other Gulf Cooperation Council member state or charged with violation of any law or regulation thereof;
5. I agree to depart the Kingdom of Saudi Arabia on or before the expiration date of my visa. I am well aware that any violation of the laws and regulations of the Kingdom or any engagement in prohibited activities, such as the activities mentioned herein or in the entry visa documentation, are subject to the penalties described in the "Dealing with Persons on Entry Visas" statute, as enacted by Royal Decree No. 42, dated 10/18/1404 H;
6. I acknowledge and reaffirm my declaration that this application and the evidence submitted with it are all true and correct. I also understand that if I submit any false information or if my name was found to be listed as banned from entry into the Kingdom of Saudi Arabia, my application will be denied or my visa, if already granted, revoked. Moreover, I may be turned back from any Saudi port of entry at my own expense, while I shall have no right to demand compensation.

Name (Please print): _____

Signature: _____

Date: _____



MEDICAL REPORT

PHOTO

NAME: _____

NATIONALITY: _____	SEX: _____	AGE: _____	MARITAL STATUS: _____
PASSPORT NO: _____	ISSUE PLACE: _____		ISSUE DATE: _____
POSITION APPLIED FOR: _____			

DEAR SIR / MADAM
PLEASE, ARRANGE TO EXAMINE THE ABOVE MENTIONED CANDIDATE AS TO HIS/HER FITNESS FOR THE ABOVE MENTIONED POSITION.

DATE ___/___/___ RECRUITMENT ATTACHE/OR DOCTOR: _____

HISTORY OF ANY SIGNIFICANT PAST ILLNESS INCLUDING:

- PSYCHIATRIC AND NEUROLOGICAL DISORDERS (EPILEPSY, DEPRESSION...)
- ALLERGY

MEDICAL EXAMINATION				LABORATORY INVESTIGATION		
TYPE OF MEDICAL EXAMINATION		NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL	TYPE OF LABORATORY INVESTIGATION	NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL
VISION				(URINE)		
	R. EYE				- SUGAR	
	L. EYE				- ALBUMIN	
EYE	OTHER				- BILHARZIASIS	
	R. EYE				- OTHER	
	L. EYE					
EAR	R. EAR			(STOOL)		
	L. EAR				- HELMINTHES	
CHEST X - RAY					- SALMONELLA/SHIGELLA	
PULMONARY TUBERCULOSIS					- V. CHOLERA	
(SYSTEMIC EXAMINATION)					- OTHER	
BLOOD PRESSURE				(BLOOD)		
HEART					- HEMOGLOBIN	
LUNGS					- MALARIA FILM	
ABDOMEN					- OTHERS	
(OTHERS)				(SEROLOGY)		
*HERNIA					- HIV TEST	
*VARICOSE VEINS						
EXTREMITIES					- F. B. S.	
SKIN					- HBSAG/ANTI HCV	
(VENEREAL DISEASES)					- L. F. T.	
- CLINICAL					- CREATININE	
- LAB					- UREA	
VDRL						
TPHA				PREGNANCY TEST		

<i>CONFIRM IF THE APPLICATION HAS ONE OF THE FOLLOWING:</i>		NO	YES
COMMUNICABLE DISEASES			
MENTAL DISORDER			
MENTAL RETARDATION			
PHYSICAL DISORDERS			
HANDICAP			
PARALYSIS			
BLINDNESS			
HEARING DISORDER			
SPEECH DISORDER			

MENTIONED ABOVE IS THE MEDICAL REPORT FOR MR / MRS / MISS _____, WHO IS
 FIT UNFIT FOR THE ABOVE MENTIONED JOB.
 - TO BE FIT, ALL MEDICAL EXAMINATIONS AND LABORATORY INVESTIGATIONS MUST BE WITHIN NORMAL LIMITS. IN THE EVENT OF AN ABNORMAL/POSITIVE RESULT, A TYPEWRITTEN LETTER SIGNED BY THE PHYSICIAN STATING THE CONDITION AND ANY TREATMENT IMPLEMENTED. THIS LETTER SHOULD ALSO INDICATE WHETHER THIS CONDITION OR TREATMENT WILL HAVE ANY EFFECT ON THE APPLICANT'S WORK.

PHYSICIAN NAME: _____ SIGNATURE: _____
 LICENSE NUMBER: _____ STAMP: _____

THIS FORM MUST BE ATTESTED BY ONE OF THE TWO FOLLOWING AUTHORITIES:

THIS IS TO CERTIFY THAT DR. _____ LICENSE NUMBER: _____, IS CURRENTLY LICENSED TO PRACTICE MEDICINE. AUTHORIZED SIGNATURE : _____ (1)	DEPARTMENT OF HEALTH (2)
STAMP OR SEAL OF THE STATE AUTHORITY (COLLEGE OF PHYSICIANS)	



TRAVEL & VISA PRO ORDER FORM

Call us for assistance – 866-378-1722
Fax – 866-511-7599

www.TravelVisaPro.com
info@TravelVisaPro.com

TRAVELER(S) INFORMATION:

REFERRED BY/COUPON CODE: _____

Date Passport(s) must be back in your possession or date of your next international trip: ____ / ____ / ____
mm dd yyyy

Exact Dates Visa will be valid for: ENTRY _____ EXIT _____
mm dd yyyy mm dd yyyy

Traveler #1 Name: _____
First Last

Traveler #3 Name: _____
First Last

Traveler #2 Name: _____
First Last

Traveler #4 Name: _____
First Last

RETURN DOCUMENTS TO THIS ADDRESS:

Contact Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____
NO P.O. BOXES

E-mail: _____ Signature Required for Delivery? YES NO

Phone: _(____)_____ Cell: _(____)_____ Fax: _(____)_____

- Shipping Method :**
- | | | | |
|--------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | + \$0 (will include my own postage) | <input type="checkbox"/> | + \$39 FedEx Standard Overnight
to states of HI, AK, or PR |
| <input type="checkbox"/> | + \$15 FedEx Express Saver | <input type="checkbox"/> | + \$39 SATURDAY FedEx Overnight |
| <input type="checkbox"/> | + \$20 FedEx Standard Overnight | <input type="checkbox"/> | + from \$39 for International FedEx |
| <input type="checkbox"/> | + \$25 FedEx Priority Overnight | | |

SERVICES REQUESTED: Select the type of service you request by placing check mark in the appropriate box

COUNTRY (visa is for): _____ **Visas Type:** TOURIST BUSINESS OTHER _____

Processing time: (see country specific and available options): **ENTER NUMBER OF DAYS:** _____

Number of Entries: SINGLE (one entry, one exit) DOUBLE (two entries, two exits) MULTIPLE (unlimited)

Visa Validity (in months): ONE THREE SIX TWELVE OTHER _____

PLEASE ADD FREE PASSPORT REPLACEMENT COVERAGE FOR \$9.99. By checking this box, I agree to enroll into passport replacement program. I authorize Travel Visa Pro to add \$9.99 charge per person to other fees paid. I have read and understood all terms and conditions of the program which are posted at http://www.travelvisapro.com/index.php?travel_do_index.

PAYMENT METHOD FOR APPLICABLE FEES: please enter total HERE: \$ _____

PAID BY Credit Card Money Order PayPal Check #: _____

I hereby authorize Travel & Visa Pro to charge the cost of its professional visa and passport services to the following card. I agree to pay this amount to my credit card company and agree to terms and conditions. I understand that requirements, fees, and processing times are subject to change without prior notice and all fees are non-refundable. An administrative fee of \$17 will be added to cancelled orders.

Name on Card: _____ Signature: _____

Credit Card #: _____ Expiration Date: ____ / ____ Security Code: _____
mm yyyy

Billing Address: Same as Shipping Other: _____

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