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| **INFORMATION REQUIRED FOR SAUDI ARABIA VISA APPROVED APPLICATION** | |
|  |  |
| PURPOSE OF VISIT: | **SAUDI DERM JAN-2020** |
| NAME AS PER PASSPORT:  (***ALL CAPS ONLY***) |  |
| PASSPORT NUMBER: |  |
| PASSPORT ISSUING PLACE: |  |
| PLACE OF BIRTH: |  |
| NATIONALITY: |  |
| DATE OF BIRTH: |  |
| RELIGION: |  |
| JOB TITLE: |  |
| WORK PLACE  (***NAME IF UNIVERSITY, HOSPITAL or INSTITUTE***) |  |
| MOBILE NUMBER: |  |
| EMAIL ADDRESS: |  |
| NEAREST SAUDI EMBASSY:  (***FROM WHERE YOU WILL PROCESS THE VISA***) |  |
| **Passport Scan Copy First Full Page ( No Mobile Images or Whats App images)** | |

***IMPORTANT NOTE:***

***PLEASE FILL UP ALL FIELDS OF THIS FORM AND RETURN IN SAME WORD FORMAT.***

***PDF OR JPEG OF THIS INFO SHEET WILL BE REJECTED AUTOMATICALLY.***