

1. Mandatory medical insurance

All visa applicants must have a medical insurance from one of the approved by the Saudi government insurance provider. This does not apply to (1) diplomatic and service passport holders; (2) pilgrimage applicants; (3) governmental visit visas; (4) those travelling for medical treatments. The following options are available (please choose one):

Insurance policy	Cost
Tawuniya cooperative Insurance Company	£107
BUPA Arabia for Cooperative Insurance	£219
Arabian Shield cooperative Insurance Company	£60
AXA Cooperative Insurance Company	£109
Saudi United Cooperative Insurance (WALA'A)	£115

The cost of the insurance is paid by AnyVisa on behalf of the applicant when registering the application online.

2. Medical insurance questionnaire

Expected Entry Date

Applicant's email address

Applicant's mobile number

Are you currently admitted to a hospital or receiving emergency medical treatment?

No

Yes; Provide details:

Have you been in an accident that caused permanent injury or disability?

No

Yes; Provide details:

Do you have any congenital disorders?

No

Yes; Provide details:

Female applicants only:

Are you pregnant?

No

Yes; How many months:

Is your current pregnancy an outcome of assisted means of conception, including but not limited to IVF, hormonal induction?

No

Yes; Provide details:

3. Additional questions

Qualification:

Source of degree:

PHOTO



سفارة المملكة العربية السعودية
القسم القنصلي - لندن

**EMBASSY OF THE KINGDOM OF SAUDI ARABIA
CONSULAR SECTION**

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طلب لزيارة عمل

FOR OFFICIAL USE ONLY

BUSINESS VISA APPLICATION

Full Name : الأسم الكامل :

Family Name : الأسم العائلي :

Date of Birth : تاريخ الولادة : Place of Birth : محل الولادة :

Previous Nationality : الجنسية السابقة : Present Nationality : الجنسية الحالية :

Sex : الجنس : Profession : المهنة :

Sect : المذهب : Mother's Name : أسم الأم : Religion : الديانة : Marital Status : الحالة الاجتماعية :

Permanent Address & Telephone Number in the UK of Applicant : العنوان الدائم ورقم التليفون في بريطانيا لمقدم الطلب :

Name, Address & Telephone Number Of Company Being Visited in Saudi Arabia : اسم وعنوان وتليفون الشركة (المؤسسة) المراد زيارتها في المملكة العربية السعودية :

Purpose of your Visit : الغرض من الزيارة :

Passport Number & Place of Issue : رقم الجواز ومحل الإصدار :

Date of Issue : تاريخ الإصدار : Expiry Date : إنتهاء الصلاحية :

Duration of Stay in Saudi Arabia : مدة الإقامة بالمملكة العربية السعودية :

Dependants Travelling on the Same Passport : أفراد العائلة (المضافين) على نفس جواز السفر :

I, the undersigned, hereby certify that all the information I have provided is correct and I will abide by the laws of Saudi Arabia during the period of my residence in it. أنا الموقع أدناه أقر بأن كل المعلومات التي دونتها صحيحة وسأكون ملتزماً بقوانين المملكة العربية السعودية أثناء فترة وجودي بها.

Applicant's Signature : توقيع مقدم الطلب : Date : التاريخ :

For Official Use Only :

رقم التأشيرة	مدة الإقامة
تاريخها	المدقق
صلاحيتها	المختص

IMPORTANT : THIS SECTION MUST BE COMPLETED FULLY

Full Name :	Nationality :	Point of Entry Into Saudi Arabia :
Company Name and Address in UK :		Tel No :
		Full Postal Code :
U.K. Project Manager :	Travel Agent Name & Post Code :	
Name and Address of Government Dept. or Company Being Visited in Saudi Arabia :		Proposed Departure :
Date :		

تحذير : الإعدام هو عقوبة من يقوم بتسليم المخدرات أو تهريبها أو ترويجها في المملكة العربية السعودية.

WARNING: Capital punishment is the penalty for smuggling, promoting or circulating illegal drugs and Narcotics in Saudi Arabia.