

Hajj Visa Application KSA

Please complete the following form regarding your visa application.

First Name : _____

Last Name : _____

Contact Details

1. Contact Number : _____

2. Marital Status : _____

3. Home Adress : _____

4. Postal Code : _____

Ocupational Details

5. Occupation : _____

6. Curent Employer : _____

7. Previous Employer : _____

8. Name of Sector (private or governement) : _____

Background Details

If the answer is Yes to any of the following questions, please provide description and dates when applicable.

9. Previously Received a Visa To Enter KSA? _____

10. Previous Visa Rejection To Enter KSA? _____

11. Does your passport contain any restriction/condition/valid for only one trip?

12. Do You have Relatives Residing in KSA? If yes, provide the full name and relative relation:

13. Do You hold Other Nationalities?

14. Have You Ever Traveled to other countries in the Past Six Months? If yes, provide the country or countries traveled to, departure date, arrival date and the reason of travel.

15. Have You Ever Been Deported From Any Country Including Saudi Arabia for Any Reason Including Violating the Residency System?

16. Have You Ever Worked in the Media or Political Field?

17. Have You Ever Served in the Armed Forces, the Internal Security Forces, any State-Sponsored Forces, any Private Entity, or an Intelligence Agency (Whether the Job is Civilian, Military, or Through a Contractor)?

18. Have You Ever Been Sentenced to Prison in Your Country or Any Country?

19. Have You Ever Been Arrested or Convicted in Terrorism - Related Cases?

20. Have You Ever Been Arrested/Convicted in Smuggling or Money Laundering Cases or Wanted by Interpol?

21. Do You Belong or Have You Ever Belonged to Any Party or Organization That Has Been Designated Internationally or Locally as a Terrorist Organization or Party?

22. Have the Required Vaccinations Been Taken?

23. Do You Have Any Physical Disability?

24. Do you have chronic diseases or allergies? If yes provide disease, medications used, and severity of the condition.

25. Do you have mental illnesses? If yes provide disease, medications used, and date of last admission.

26. Do you have special needs? If yes please provide disease.

27. Did you have surgeries? If yes, provide surgery name, transaction date, severity of the condition, and date of last admission.

28. What is your blood type?

29. Do you have any allergies?
