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| Unified ID No. : | | | |  | | | | | | | | | | | | | الرقم الموحد: | | | | |
| Full name: | | | |  | | | | | | | | | | | | | الاسم الكامل: | | | | |
| Alias: |  | | | | | | | | اسم الشهرة: | |  | | Family Name: | | |  | | | اسم العائلة: | | |
| Date of Birth: |  | | | | | | | | تاريخ الميلاد: | |  | | Place of Birth: | | |  | | | مكان الميلاد: | | |
| Previous Nationality: | | |  | | | الجنسية السابقة: | | | | |  | | Present Nationality: | | |  | | | الجنسية الحالية: | | |
| Sect: |  | | | | | | | | المذهب: | |  | | Religion: |  | | | | | | الديانة: | |
| Post of Entry: |  | | | | | | | | مركز الدخول: | |  | | Date of Entry: | | |  | | | تاريخ دخول الدولة: | | |
| Sponsor of Entry: | | |  | | | | | | | | | | | | | | | الكفيل عند الدخول: | | | |
| Present Sponsor: | | |  | | | | | | | | | | | | | | | الكفيل الحالي: | | | |
| Place of Employment: | | |  | | | | | | | | | | | | | | | مكان العمل: | | | |
| Office Tel. No. : | | |  | | | | | | | هاتف العمل: |  | | Profession: |  | | | | | | | المهنة: |
| Salary: | | |  | | | | | | | الراتب: |  | | Bank: |  | | | | | | | البنك: |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Passport & Residence Details** | | | | | | | | |  | | | | | | | **بيانات الجواز والإقامة** | | | | | |
| Place of Issue: | | | |  | | | | | مكان الإصدار: | |  | | Passport \ Doc No. : | |  | | | رقم الجواز \ الوثيقة: | | | |
| Date of Expiry(Passport): | | | |  | | | | | تاريخ انتهاء الجواز: | |  | | Date of Issue: | |  | | | تاريخ الإصدار: | | | |
| Date of Expiry (Resident V.): | | | |  | | | | | تاريخ انتهاء الإقامة: | |  | | Resident V. No. : | |  | | | رقم الإقامة: | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Residence Details** | | | | |  | | | | | | | | | | | | **بيانات السكن** | | | | |
| Street: | | |  | | | | | الشارع: | | |  | | Zone: | | |  | | | المنطقة: | | |
| House \ Build No. : | | |  | | | | | رقم المنزل \ البناية: | | |  | | Proprietor: | | |  | | | اسم المالك: | | |
| Flat No. : | | |  | | | | | رقم الشقة: | | |  | | Floor No. : | | |  | | | الطابق: | | |
| Mobile Number: | | |  | | | | | الهاتف المتحرك: | | |  | | Tel. : | | |  | | | رقم الهاتف: | | |
| P.O. Box: | | |  | | | | | رقم صندوق البريد: | | |  | | E-mail Address: | | |  | | | البريد الإلكتروني: | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Relatives** | | |  | | | | | | | | | | | | | | **الأقارب** | | | | |
| Employer | | | | جهة العمل | | | Nationality | | | | | الجنسية | | | | Name | الاسم | | | | |
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| **Friends** | | |  | | | | | | | | | | | | | | **الأصدقاء** | | | | |
| Employer | | | | جهة العمل | | | Nationality | | | | | الجنسية | | | | Name | الاسم | | | | |
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| أتعهد أنا الموقع أدناه بأن البيانات الواردة بهذه الوثيقة صحيحة وكاملة | | | | | | | | | | | | | | | | | | | | | |
| I, the undersigned undertake that the details contained in this statement are correct and complete | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Signature: | | | | | | | | | | |
| Name: | |  | | | | | | | | |
| Date: | |  | | | | | | | | |