

SAUDI ARABIA WORK VISA

Global Visa Lab GmbH

APPLICATION PACKAGE

Thank you for choosing Global Visa Lab.
To help us process your visa application efficiently and promptly,
please complete the following forms and submit all the required documents.

1. Checklist
2. Visa Order Form
3. Visa Application Form
4. Medical Report



PROCESSING INFORMATION

We will begin processing your application once we have received all the required documents. To avoid delays, please complete the checklist and ensure that the documents are signed where necessary and are clearly legible.



WHERE TO SEND YOUR APPLICATION

Please review the required documents and email them to info@globalvisalab.ch for verification. Once verified, we will contact you to arrange an appointment at the Saudi Visa Centre (VFS Tasheer) in Bern or Geneva at a time that suits you best. We will collect your passport from the embassy and return it to you by post or courier. As no visa sticker is placed in passports anymore, you will instead receive an approval letter on A4 paper enclosed with your passport.



SUPPORT

If you have any questions or need help with your application, please contact us. Our team is available from 08:00 to 17:30, Monday to Friday, and will be happy to help.



+41 31 533 43 43

info@globalvisalab.ch

www.globalvisalab.ch

Please tick to confirm you have provided the following: ✓

**VISA APPLICATION FORM**

- Please find the application form below in this application package

**PASSPORT**

- Original Passport in good condition, with at least 6 months validity
- Must have at least two empty visa pages facing each other
- The passport must contain the signature of the passport holder

**2X PHOTOGRAPHS**

- Two identical colour photographs (size 2inch x 2inch / 51 mm x 51 mm)
- The photos should not be older than 3 months with white background

**INVITATION LETTER**

- A digital invitation letter from the Company in Saudi Arabia, certified by the Saudi Chamber of Commerce

Please Note:

Your invitation will be directed to a specific consulate in Switzerland, either in **Bern** or **Geneva**. Please inform the inviting company of **your preferred location**, as the applicant will need to provide biometrics at that site. Your visa request must be processed at the consulate/embassy specified in the invitation.

The visa will be issued per the exact terms indicated on the invitation ("visa approval notice"). This includes the visa type, validity period, number of entries, and duration of stay permitted for each visit. It is important to note that neither the Embassy nor Global Visa Lab has the authority to modify the terms of the invitation or visa.

**COMPANY REGISTRATION CERTIFICATE KSA**

- A copy of the company registration from the inviting organization in Saudi Arabia





EMPLOYMENT CONTRACT

- An employment contract that is signed by both applicant and Saudi employer and certified by MOFA and the Saudi Chamber of Commerce



DEGREE CERTIFICATE

- A notarized copy of the applicant's university-issued degree(s)
- These degree and diploma copies must also be authenticated (Apostille) by the state chancellery. Global Visa Lab can assist with the authentication process for an additional fee



POLICE REPORT

- Applicants are required to provide a recent police report, issued no earlier than three months prior to applying for the Saudi work visa, which outlines the applicant's criminal history or confirms its absence



MEDICAL REPORT

- Applicants are required to provide three copies of a recent medical report, issued by a licensed physician within the past three months. This report must include the doctor's license number and address, along with complete lab results confirming that the applicant is free from any diseases



RESIDENCE PERMIT

- Non-Swiss/Liechtenstein Nationals are required to submit a copy of their valid Residence Permit category B, C or L (G and F category permits will not be accepted)



GLOBAL VISA LAB ORDER FORM

- Please complete the Global Visa Lab Order Form included in this application package



Applicant Details

(As shown in passport)

Given name:

Surname:

Contact Details

Whom should we contact regarding the order?

Given name:

Surname:

Phone Number:

Email:

Return Date

Please indicate the date you would like the passport to be returned:

Visa Information

Country:

Entry Date:

Exit Date:

Visa Type
(Tourist, Business, Other):

No. of Entries
(Single, Double, Multiple):

Invoice Address

Company:

Contact Person:

Street:

Postal Code:

City:

PO Number/Cost Center:

Delivery Address (If different from invoice address)

Company:

Contact Person:

Street:

Postal Code:

City:

PO Number/Cost Center:

Delivery Method

- Registered Mail Switzerland (A-Post): 8.50 CHF
- Registered Mail Express Switzerland: 20.00 CHF
- Collection from Global Visa Lab Office Bern

- Courier Switzerland Express: 24.00 CHF
- Courier Switzerland Standard: 19.50 CHF
- Same Day Courier: Price on request

Payment Method

- Payment by invoice (only for corporate customers)
- Payment by credit card (payment link)
- Cash payment (only for personal collection)
- TWINT (payment link or QR code)

Place, Date

Signature



For more information please visit: www.mofa.gov.sa
Please attach 2 passport size photos to this application form.
Fill in this application form in Arabic if you hold a passport
issued by an Arab country, and in English if otherwise.

المزيد من المعلومات الرجاء زيارة الموقع: www.mofa.gov.sa
يرفق صورتين (٢) شمسيات لهذا الطلب
يعبا هذا الطلب حامل جواز سفر صادر من دولة عربية باللغة العربية

استمارة طلب تأشيرة VISA APPLICATION FORM					
Application number (https://enjazit.com.sa) :			رقم الطلب (https://enjazit.com.sa) :		
1. First name:		.١ الاسم الشخصي:		3. Father's name:	
2. Family name:		.٢ اسم العائلة:		4. Mother's name:	
5. Nationality of Origin:		.٥ الجنسية الأصلية:		6. Present Nationality:	
7. Religion:		.٧ الديانة:		8. Date of birth:	
9. Gender:		.٩ الجنس:		10. Place of birth (city and country):	
MALE		FEMALE		أثني	
ذكر		أنثى		.١٠ مكان الميلاد (المدينة والدولة):	
11. Profession:		.١١ المهنة:		12. Place of residency after birth:	
13. Permanent Address in Switzerland:		.١٣ عنوان الإقامة في سويسرا:		.١٢ مكان الإقامة بعد الولادة:	
14. Type of passport:		عادي Ordinary		دبلوماسي Diplomatic	
		خاص Service		وثيقة سفر Travel document	
15. Passport number:		.١٥ رقم الجواز:		17. Place of issue:	
16. Date of issue:		.١٦ تاريخ إصدار الجواز:		18. Date of expiry:	
19. Countries visited in the last 10 years:		.١٩ البلدان التي سبق لك زيارتها خلال العشر سنوات الماضية:			
20. Reason for travel (detailed):		.٢٠ الغرض من الزيارة (بالتفصيل):			
21. Date of arrival:		.٢١ تاريخ الوصول:		22. Port of arrival:	
23. Duration of stay:		.٢٣ مدة الإقامة:		24. Flight N:	
				.٢٤ رقم الرحلة:	
				25. Airline:	
				.٢٥ شركة الطيران الناقلة:	
26. Address in Saudi Arabia (list all if traveling to different cities):		.٢٦ عنوان الإقامة في السعودية (توضح جميع عناوين الإقامة إذا كان هناك أكثر من مدينة):			
27. References in Saudi Arabia:		.٢٧ المرجع في السعودية:			
28. References in Switzerland:		.٢٨ المرجع في سويسرا:			
أقر بأن المعلومات المدونة في هذه الاستمارة صحيحة وبأنني سوف ألتزم خلال إقامتي في المملكة العربية السعودية بكافة قوانينها وأنظمتها، كما أنني على علم تام بأن المواد المسكرة والعقاقير المخدرة والمطبوعات المخلسة بالأداب العامة وجميع المطبوعات الدينية والسياسية ممنوعة منعاً باتاً من دخول المملكة العربية السعودية سواء كانت للاستعمال الشخصي أو خلافه، وأن مخالفتي لذلك ولقوانين وأنظمة المملكة العربية السعودية ستعرضني للجزاء.					
I declare that all the above information is true. I will respect the customs and abide by the law in Saudi Arabia during the length of my entire stay in the Kingdom. I am informed that it is strictly forbidden to carry alcoholic drinks, religious publications of whatever nature, pornography, drugs or narcotics either for distribution or personal use. If these rules are not respected I am aware that I will be subject to the current law in the Kingdom.					
Signature:		التوقيع:		Date:	
				التاريخ:	
Official Use 1					
Visa office reception date:		By:		O CH letter O Invitation O Enjazit O Residence O Com. Reg.	
Official Use 2					
		تاريخ إصدار التأشيرة:		المكتب:	
الموظف:		نوع ورقم التأشيرة:		الرسوم:	

يرجى استعمال الصفحة الخلفية في حال عدم توفر المساحات الكافية في الاستمارة
Please use the back side of this form if more writing space is required.



MODEL MEDICAL REPORT نموذج تقرير طبي

PHOTO	NAME					
	NATIONALITY		SEX		AGE	
	PASSPORT NO.			PLACE & DATE OF ISSUE		
	POSITION APPLIED FOR					
DEAR SIR, MADAM PLEASE, ARRANGE TO EXAMINE THE ABOVE MENTIONED CANDIDATE WHETHER HE/SHE IS FIT FOR THE ABOVE MENTIONED POSITION.						
DATE ___/___/___ RECRUTEMENT 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
EYE	VISION	R.EYE L.EYE		[URINE]		
	OTHER	R.EYE L.EYE		- SUGAR - ALBUMIN - BILHARZIASIS - OTHER		
EAR		R.EAR L.EAR		[STOOL]		
CHEST X - RAY PULMONARY TUBERCULOSIS [SYSTEMIC EXAMINATION]				- HELMINTHES - SALMONELLA/SHIGELLA - V.CHOLERA - OTHER		
BLOOD PRESSURE HEART LUNGS ABDOMEN				[BLOOD]		
[OTHERS]		* HERNIA * VARICOSE VAINS		- HAEMOGLOBIN - MALARIA FILM - OTHERS		
EXTREMITIES				[SEROLOGY]		
SKIN				- HIV TEST(FROM A PROVINCIAL LAB.) - F.B.S.		
[GENERAL DISEASES]				- HBsAG/ANTI HCV - L.F.T. - CREATININE - UREA		
- CLINICAL - LAB				PREGNANCY TEST		
VDRL TPHA					NO	YES
CONFIRM IF THE APPLICANT HAS ONE OF THE FOLLOWING:						
COMMUNICABLE DISEASES MENTAL DISORDER MENTAL RETARDATION PHYSICAL DISORDERS HANDICAP PARALYSIS BLINDNESS DEAFNESS DUMBNESS						

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. A CHECK MARK (), ONLY, MUST BE INSERTED IN THE NEGATIVE \NORMAL SECTIONS ABOVE. IN THE EVENT OF ANY POSITIVE TEST RESULTS A TYPED & SIGNED NOTE FROM THE DOCTOR STATING IF THIS IS A COMMUNICABLE OR NON COMMUNICABLE DISEASE AND TO ADVISE US OF TREATMENT UNDER TAKEN AND IF IT HAS ANY EFFECT ON THE APPLICANT'S WORK.

SUBMIT TO THE CONSULAR SECTION ORIGINALS AND COPIES OF THIS REPORT AND THE TESTS RESULTS . DO NOT SUBMIT X-RAY'S AS THOSE MUST BE PRESENTED TO THE HEALTH AUTHORITIES IN SAUDI ARABIA ALONGWITH ONE CLEAR COPY OF THIS REPORT AND ALL TEST RESULTS.

PHYSICIAN NAME :

SIGNATURE :
STAMP :