Application No. : _____

Date : _____

PHOTO

MINISTRY OF FOREIGN AFFAIRS
EMBASSY/CONSULATE OF KUWAIT IN _____

Application for Visit Permit

2

DETAILS OF TRAVELLER

please fill 2 copies of this application in Capital letters

Full name : _____

Nationality : _____ Male ☐ Female ☐

Date of birth: _____/_____/_____ Place of birth: _____

Profession: _____ Religion: _____

Passport No. (Laissez-Passer): _____ State Issuing the Passport: _____

Place of issue: _____ Date of issue: _____

Passport type (Laissez-Passer): _____ Valid until: _____

Present Address & Telephone No.: _____

Address in Kuwait: _____

Telephone No. in Kuwait: _____ & P.O. Box: No. _____

Purpose of visit: _____ Duration of proposed visit: _____

Name of sponsor in Kuwait: _____

Address of sponsor in Kuwait: _____

Relation to sponsor: _____

In case of companions Travelling on the same passport:

	Full name	Date of birth (Day / Month / Year)	Sex
1.	_____	_____/_____/_____	_____
2.	_____	_____/_____/_____	_____
3.	_____	_____/_____/_____	_____
4.	_____	_____/_____/_____	_____

Signature: _____ Date: _____

رأي القنصل

١ ــ يمنح : _____ اذن دخول لمدة : _____

٢ ــ يحول الطلب الى الوزارة للافادة بالرأي _____

٣ ــ يبرق بالبيانات الى الوزارة للافادة بالرأي _____

تحريرا بمدينة : _____ في / / ١٩ القنصل : _____

ملاحظات : _____

رقم اذن الزيارة الممنوح : _____ القنصل : _____

التاريخ / / ١٩ لمدة : _____