

SABA HAJI 2010
APPLICATION

Personal Information

Full Name: _____

Address: _____

Phone: _____

DOB: _____

Age: _____

Marital Status: _____

Spouse's Name: _____

Marriage Certificate: _____

Issuing Agency: _____

Meningitis Shot: _____

Issuing Agency: _____

Passport Information

Passport Number: _____ Date Issued: _____

Issuing Agency: _____ Expiry Date: _____

Immigration Status

(circle one)

US Citizen

Green Card

H1 Visa

SABA INC LIMITATION OF LIABILITY

Limitation of the responsibility of SABA INC for Hajj and Umrah, (which will assist and guide Shia Muslims to perform the holy Hajj, or their agents are limited), they act only as agents for the Hajjis in making arrangements for the airlines, hotels, buses, or any other services in connection with the performance of Hajj, assume no liability whatsoever for injury, damage, loss, accident, delay, cancellations or irregularity which may be occasioned either by reason of defect, through the acts or defaults of any company or person engaged in conveying the Hajjis or in carrying out the arrangements of the Hajj, trip, or as a direct or indirect result of acts of God, dangers incident in the air, fire, breakdown in machinery or equipment, acts of governments or other authorities de jure or de fact, wars, whether declared or not hostilities, civil, disturbances, strikes, riots, theft, pilferage, epidemics, quarantines, medical or customs regulations, or from any causes beyond control, or from any loss or damage results from improper passports, visas or other documents, SABA INC will accept no responsibility for loss or additional expenses due to delay or changes in schedule or other causes and SABA INC shall not be liable or responsible for any inconvenience, loss, damage or injury arising in connection with such services. SABA INC will not be responsible for the failure to follow instructions, including but not limited to check-in and checkout times and baggage handling. In the event of delay, it is the responsibility of the airline to determine exactly what procedure will be followed. The policy chosen by that carrier shall be based on its procedure and shall not be the responsibility of SABA INC and its affiliates, they will not be responsible for any person(s) missing any part of the Hajj, negligence or delay or absenteeism at any time during the Hajj trips and will not be responsible for any additional expenses for the participant to rejoin the trip. Moreover, ***no changes or upgrade in the program will be honored once the ticket is issued and the full payment has been made. Also, no change in itinerary will be entered and if cancelled the full payment made will not be refunded. No refunds will be given on any service not utilized. A penalty of \$3000 will be deducted if there is a request for cancellation one month prior to departure. There is no refund for those canceling two weeks prior the departure.*** It is the responsibility of each traveler to purchase his/her own trip cancellation, medical, accident and baggage loss insurance coverage offered by many travel insurances companies in North America. If

any embassy refuses to grant Visa to any person from visiting their country due to any reason whatsoever then there will be no non-transferable and/or non refundable. In the event of cancellation after tickets are generally issued as issuance, including failure of ticket holder to obtain a visa, no refund of ticket cost will be made unless the airline makes a refund. There is no guaranty that any airline ticket will be refunded in whole or part in such event.

I _____ (name) agree to the conditions mentioned above and will abide by all the regulation.

Signature

Date



سفارة المملكة العربية السعودية
واشنطن
القسم القنصلي

Royal Embassy of Saudi Arabia
Washington
Consular Section

| | | | |
|-----------------------------|---------------------------------|------------------|--|
| الإسم الكامل: | Last Name: | Middle Name: | First Name: |
| إسم الأم: | Mother's Name: | | |
| محل الولادة: | Place of Birth: | تاريخ الولادة: | Date of Birth: |
| الجنسية الحالية: | Present Nationality: | الجنسية السابقة: | Previous Nationality: |
| رقم الجواز: | Passport No.: | | |
| تاريخ الإصدار: | Date of Issue: | | |
| محل الإصدار: | Place of Issue: | | |
| تاريخ انتهاء صلاحية الجواز: | Expiration Date: | | |
| الحالة الاجتماعية: | Martial Status: | الجنس: | Sex: Female <input type="checkbox"/> Male <input type="checkbox"/> |
| الديانة: | Religion: | | |
| المهنة: | Qualification: | المؤهل العلمي: | Profession: |
| عنوان المنزل ورقم التلفون: | Home Address and Telephone No.: | | |

| | |
|--------------------------------------|-------------------------------------|
| البريد الإلكتروني: | E-mail Address: |
| عنوان الشركة (المؤسسة) ورقم التلفون: | Business Address and Telephone No.: |

| | | | | | | | | |
|------------------|--------------|-------------|------------|--------------|---------|-----------|------------|-------|
| الغاية من السفر: | سياحة | تجارية | خاصة | دبلوماسية | حج | إقامة | عمرة | زيارة |
| | Tourism | Business | Official | Diplomat | Hajj | Residence | Umrah | Visit |
| تمديد عودة | زيارة حكومية | رجل اعمال | زيارة عمل | زيارة عائلة | دراسية | مرور | عمل | |
| Re-Entry | Government | Businessmen | Work Visit | Family Visit | Student | Transit | Employment | |

| | | | |
|---|---|----------------|--------------------|
| طريقة الدفع: | Money Order: | Company Check: | Method of Payment: |
| اسم وعنوان الشركة أو اسم الشخص الداعي وعنوانه بالمملكة: | Name and Address of Company or Individual invitee in the Kingdom: | | |

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| اسم المحرم: | اسم صلتته: | اسم المحرم: | Relationship of the person traveling with: |
| Name of traveling companion: | Name of traveling companion: | Name of traveling companion: | Name of traveling companion: |

| | | | |
|---------------------------|----------------------------------|----------------------|----------------------------------|
| معلومات السفر: | Travel Information: | | |
| تاريخ الوصول في السعودية: | Via Airline: | Flight No. | Date of arrival in Saudi Arabia: |
| مدينة embarkation: | Port of Entry: | City of Embarkation: | |
| مدة الإقامة في المملكة: | Duration of Stay in the Kingdom: | | |

*** Application must be filed out its entirety ***

I, the undersigned, hereby certify that:

- I agree to have my fingerprints taken and my retinal scanned.
- All the information provided is correct. I will abide by the laws of the Kingdom during the period of my residence.

• أنا الموقع أدناه اوافق على اخذ بصمة الاصابع وقزحية العين

• أقر بأن كل المعلومات التي دونتها صحيحة وسأكون ملتزماً بقوانين المملكة أثناء فترة وجودي بها.

التاريخ:

التوقيع:

الإسم:

Name: Signature: Date: