



**Passport-** You must provide your actual signed passport and one copy (made using a scanner) of the personal information page of your passport. Your passport must:

- Be valid for at least 2 years prior to expiration date.
- Contain at least two consecutive blank visa pages for the visa stamp (excluding endorsements pages)
- Make sure to remove any external stickers or protective covers from your passport. The Embassy will only accept passports with their original covers.
- Ensure that Passport is not torn, separated, or altered in any other way

**Passport Size Photo-** One Passport Size Photo

**Embassy Visa Application form-** One completed [Kuwait Visa Application](#) as issued by Kuwait Ministry of foreign affairs and Authxperts application form as supplied by us.

**Work Permit-** Student Permit issued from Kuwait.

**Other Supporting documents-**

1. HIV (Aids) Test
2. Health Certificate: Obtained from the local doctor certifying that the patient is in good health and free from contagious diseases. Lab test results for the following: hepatitis B & C, malaria, filariasis, syphilis and chest X-ray for tuberculosis.
3. FBI Report- Not more than 3 months old from the issuance date of work permit (Can't be issued before). FBI report has to be authenticated by [US Department of State](#) in Washington DC and legalized by Kuwait embassy also at the time of visa issuance.

**Fees as applicable**

**Postal Address for Submission-**

Authxperts LLC- Visa Services Desk  
One Research Court, Suite 450  
Rockville, MD 20850  
Phone- 866-721-0746



قنصلية / سفارة دولة الكويت

بمدينة :

## VISA APPLICATION FORM نموذج طلب تأشيرة

Application No.: ..... رقم الطلب : .....  Transit Visa تأشيرة مرور  Entry Visa تأشيرة دخول

Date: ..... التاريخ : .....  Transit Permit إذن مرور  Visit Permit إذن زيارة

Applicant's Data		بيانات طالب التأشيرة		
Sex الجنس	Last Name اللقب / إسم العائلة	Middle Name إسم الأب	First Name الإسم الأول	
Place of Birth مكان الميلاد	Date of Birth تاريخ الميلاد	Prev. Nationality الجنسية السابقة	Nationality الجنسية	Profession المهنة
Permanent Address: العنوان الدائم :				
Home Fax No. : رقم الفاكس الدائم :	Home Phone No. : رقم الهاتف الدائم :			
Address in Kuwait : العنوان في الكويت :				
Fax No. in Kuwait : رقم الفاكس في الكويت :	Phone No. in Kuwait: رقم الهاتف في الكويت :			
Applicant's Passport Information		بيانات جواز طالب التأشيرة		
Valid Until صالح لغاية	Date of Issue تاريخ الإصدار	Place of Issue مكان الإصدار	Passport Type نوع الجواز	Passport No. رقم الجواز
Family members travelling on same passport (if any) المرافقون القادمون على نفس الجواز (إن وجد)				
Sex الجنس	Place of Birth مكان الميلاد	Date of Birth تاريخ الميلاد	Name الإسم	
				1
				2
				3
Purpose of Visit		الغرض من الزيارة		
Personal Visit زيارة شخصية <input type="checkbox"/>	Business Visit زيارة تجارية <input type="checkbox"/>	Official Visit زيارة رسمية <input type="checkbox"/>		
Multiple Entries عدة سفرات <input type="checkbox"/>		Single Entry سفرة واحدة <input type="checkbox"/>		
Date: التاريخ :	Applicant's Signature: توقيع طالب التأشيرة :			
أقر أنا الموقع أعلاه بأن البيانات المدرجة بهذا الطلب صحيحة وأنعمد بتنفيذ ما جاء بقانون إقامة الأجانب رقم 17 لسنة 1959 والقوانين المعدلة له ، وما جاء باللائحة التنفيذية لهذا القانون I, the undersigned acknowledge that the information given here is true & undertake to obey the Foreigners Residence Law # 17 of 1959 with later amendments & executive instructions for this law				
الحد الأعلى للبقاء في الكويت شهر واحد لكل سفرة (في حالة الزيارة) ، Maximum stay in Kuwait one month each entry (Visitors Visa)				
For Official Use Only		للإستعمال الرسمي فقط		
أفراد <input type="checkbox"/>	شركات <input type="checkbox"/>	حكومة <input type="checkbox"/>	نوع الكفيل في حالة الإقامة المؤقتة للعمل في الكويت :	
		إسم الكفيل :		
		العنوان :		
		رقم الهاتف :		
		رقم شهادة عدم الممانعة أو تصريح العمل (إن وجد) :		
		مؤجلة ، <input type="checkbox"/> منحت التأشيرة <input type="checkbox"/> رقم سمة الدخول أو التأشيرة :		
		صلاحيتها : <input type="checkbox"/> سفرة واحدة <input type="checkbox"/> عدة سفرات		
		ملاحظات :		

٤٤٤٤/أ-١-١٩٩٦

توقيع المسؤول :



*Authxperts*

1 Research Court, Suite 450  
Rockville, MD 20850, USA  
Phone/Fax: 1 (866) 721 0746

## Authentication Transmittal Form

- Note:*
- Please fill in all the details in this form and enclose it with the documents that you send to Authxperts.
  - You can fill this form on your computer by clicking on each field and typing in the details. However, if you prefer to write the details by hand, you are requested to write your address legibly in capital letters. We will use this address to return your documents.
  - Fields marked \* are mandatory.

### Personal Details

Name\*

Mailing address\*

Phone\*

Email address\*

### Delivery Details

Delivery via Authxperts

Delivery via Personal Courier

*(please provide printed prepaid label)*

Courier Name

Account Number

Please specify if you want your document to be returned via ordinary USPS mail (additional handling charges will apply). Our service charge does not include return shipment charges unless quoted otherwise.

### Description of Documents\*

No. of documents

List of documents

Country in which documents will be used\*

Date by which you need the documents

## Payment Method\*

Credit Card (Visa / Master Card / AmEx)

*(a 4% Convenience charge applies)*

Paypal

*(a 4% Convenience charge applies)*

Check / Money Order / Cashier's Check

*(no personal checks please)*

Bank Wire

*(please attach wire confirmation)*

## Credit Card Details

*Please fill this section if you have chosen 'Credit Card' as your payment method above. You can also make a secure payment directly on our website, [http://www.authxperts.com/apostille\\_fees\\_forms.html](http://www.authxperts.com/apostille_fees_forms.html).*

Cardholder's Name

Credit Card Type

Amount (USD)

Credit Card Number

Expiry Date (MM/YY)

Security Code

*(3 digits from the back of card/  
AmEx: 4 digits from front)*

Billing address

*By signing below, I \_\_\_\_\_, agree to Authxperts' terms and conditions, as published on [www.authxperts.com](http://www.authxperts.com), for the processing of my documents and authorize Authxperts to charge me USD \_\_\_\_\_ for services rendered (an additional 4% Convenience fee will apply for Credit card and Paypal payments).*

Customer Signature:

Date:

### **Authxperts LLC, USA**

1 Research Court,  
Suite 450,  
Rockville, MD 20850  
Phone/Fax: +1-866-721-0746

### **Authxperts Businessmen Services, UAE**

Mezzanine Floor, Office 1103 B  
Al Habtoor Motors Building (Mitsubishi Motors),  
Al Quoz, Sheikh Zayed Road (Near Noor Islamic Metro Station)  
P.O. Box 282071, Dubai  
Phone: +971-4-453-2626