

Medical insurance information for visit and transit visas

According to the instructions of the competent in the kingdom, the Royal Embassy of Saudi Arabia in London states that from 20/06/2016 all applicants applying for visas to visit Saudi Arabia or for visit visa or for transit should provide a valid medical insurance for them and their family.

These instructions exclude pilgrims, who come for treatment, holders of diplomatic and special passports, governmental visits foreign missions and organizational visit, and guests of the kingdom applying for insurance and paying the fees will be through Enjaz.

Please Fill Following Fields

Expected Entry Date	<input type="text"/>	Address	<input type="text"/>
City	<input type="text"/>	Post Code	<input type="text"/>
E-mail Address	<input type="text"/>	Mobile No.	<input type="text"/>

Please answer the following questions

Main Beneficiary

Gender :	Date of Birth:
1 - Are you currently admitted to hospital or receiving emergency medical treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 - Have you been in accident that caused permanent injury or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 - Do you have any congenital disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 - Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 - Is your current pregnancy an outcome of assisted means of conception including but not limited to (IVF, hormonal induction)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 - Number of pregnancy Months?	<input type="text"/>

Available medical insurance companies

- | | |
|---|---------|
| <input type="radio"/> Tawuniya cooperative Insurance Company | £70.00 |
| <input type="radio"/> BUPA Arabia for Cooperative Insurance | £530.00 |
| <input type="radio"/> AXA Cooperative Insurance Company | £90.00 |
| <input type="radio"/> Saudi United Cooperative Insurance (WALA'A) | £45.00 |

Please change the insurance company to the nearest price range if the system proposed price is higher than the chosen price in this application form

Full Name:

Signature:

Date: