

STEP 1 – Kuwait Work Visa Pack Checklist

On pages 2 onwards are all the forms that need to be printed, filled and signed (where necessary) as well as templates and examples to help you understand various parts of the requirements.

- ☐ **Passport**
 - must be valid for **more than 6 months**
 - must have at least **two** blank pages **facing each other**.
- ☐ **Kuwait Work Permit Letter**
 - you should receive this from your **Kuwaiti employer**
- ☐ **One passport-sized photo**
 - must be **recently** taken
 - must have a **white** background.
- ☐ **Fill & complete the ‘Kuwait Visa Application Form’**
 - Go to **PAGE 2** of this pack for **this application form**
- ☐ **Medial Report** – refer to **PAGE 3 & 4** for a **list of the medical tests** that are required
 - this must have been completed by a **UK doctors** **within the last 2 months**
 - this does **not** need to be stamped by the FCO
 - GulfVisa can provide a service to undergo all these medical tests with our UK doctor in Harley Street, London (this is available during STEP 2 when making payment)
 - any medical results that come back positive will result in **rejection** of visa
- ☐ **Police Certificate from the UK**
 - this must be issued **after** the **date of issue** for your **Kuwaiti work permit**
 - **ACRO certificates**: must be stamped from the **FCO** and **Embassy**
 - **Police certificate (disclosure / DBS)**: must be stamped by the **Solicitor**, **FCO** and **Embassy**

All these requirements must be sent to GulfVisa (see below). Any relevant forms must be filled and completed where necessary (found on page 2 onwards)

[Click here to continue with steps 2 and 3](#)

Address: Gulfvisa Limited, 17 Hanover Square, Mayfair, London, W1S 1HU, UK



VISA APPLICATION FORM نموذج طلب تأشيرة

رقم الطلب : ☐ Transit Visa تأشيرة مرور ☐ Entry Visa تأشيرة دخول ☐ Visit Permit إذن زيارة ☐ Transit Permit إذن مرور

التاريخ : ☐ Visit Permit إذن زيارة ☐ Transit Permit إذن مرور

Applicant's Data بيانات طالب التأشيرة			
Sex الجنس	Last Name إسم العائلة / اللقب	Middle Name إسم الأب	First Name الإسم الأول
Place of Birth مكان الميلاد	Date of Birth تاريخ الميلاد	Prev. Nationality الجنسية السابقة	Nationality الجنسية
Permanent Address: العنوان الدائم :		Home Phone No. : رقم الهاتف الدائم :	
Home Fax No. : رقم الفاكس 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 لغاية صالح	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 وأتعهد 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 الفاكس :
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 :

Candidates with positive results considered (Unfit).

Test for Adults

Confirmation Test	Test	Type of Test
Sputum for AFB (direct smear) CBC + ESR PPD	X – Ray Chest	Chest for Tuberculosis
Western Blot	ELISA Third Generation	HIV
No need to do PCR or HBV Markers	HBsAg Positive or Reactive	HBV
No need to do PCR	HCVAb Positive or Reactive	HCV
Imunochromatographic test (ICT) or Giemsa Stained – Thick Film Microscopy + ve		Filariasis
Imunochromatographic test (ICT) or Giemsa Stained – Thick Film Microscopy + ve		Malaria
RPR	TPHA Positive VDRL Positive	Syphilis

* Tuberculosis – any type.

- A - Pulmonary by chest X-Ray showing active or past evidence of old T.B. including minimum fibrosis, calcification and Pleural thickening.
- B - Tuberculosis Pleural Effusion.
- C - Tuberculosis Lymphadenitis.

For all children up to the age of 18, a recent letter from GP confirming the vaccinations listed below have been given.

Schedule of Essential Vaccinations by Age in State of Kuwait 2007

Age of Vaccination	Vaccination Type	Administration
Pregnant Mother	2 doses of tetanus toxoid in 5 th and 7 th month for the 1 st pregnancy one dose of TT for each next pregnancy (I.M according to the previous vaccination status	Intramuscular Injection in the deltoid muscle
1 Day of Child Birth	1 st dose Hepatitis B Vaccine (I.M) 1 st dose OPV (Type 1,2,3)	Upper middle or midanterior of the thigh 2 drops of oral sabin vaccine
End of 2 nd month of age	2 nd dose Hepatitis B Vaccine (I.M) 2 nd dose OPV (Type 1,2,3) oral 1 st dose DPT (I.M) 1 st dose of Hib (I.M)	Upper middle or midanterior of the thigh 2 drops of oral sabin vaccine Upper middle or midanterior of the thigh Upper middle or midanterior of the thigh
End of 3 rd month of age	BCG Vaccine (I.D)	Intradermal in the upper lateral part of left arm
End of 4 th month of age	3 rd dose OPV (Type 1,2,3) oral 2 nd dose DPT (I.M) 2 nd dose Hib (I.M)	2 drops of oral sabin vaccine Upper middle or midanterior of the thigh Upper middle or midanterior of the thigh
End of 6 th month of age	4 th dose OPV (Type 1,2,3) oral 3 rd dose DPT (I.M) 3 rd dose of Hib (I.M) 3 rd dose Hepatitis B Vaccine (I.M)	2 drops of oral sabin vaccine Upper middle or midanterior of the thigh Upper middle or midanterior of the thigh Upper middle or midanterior of the thigh
1 Year of age	MMR Vaccine (S.C)	Subcutaneous in the arm
1 and half year of age	Booster dose OPV (Type 1,2,3) Booster dose DPT (I.M) Booster dose Hib (I.M)	2 drops of oral sabin vaccine Upper middle or midanterior of the thigh Upper middle or midanterior of the thigh
2 years of age	Meningiococcal-Meningitis (S.C)	Subcutaneous in the arm
2 and half year of age	OPV (Type 1,2,3) oral	2 drops of oral sabin vaccine
3 and half year of age	Booster dose OPV (Type 1,2,3) Booster dose DPT (I.M)	2 drops of oral sabin vaccine Upper middle or midanterior of the thigh
4 and half year of age	OPV (Type 1,2,3) oral	2 drops of oral sabin vaccine
School Entry	Booster dose of MMR (S.C) BCG	Subcutaneous in the arm Intradermal in the deltoid region for the left arm
10 years	Td (Tetanus + diph I.M)	Intra muscular injection in the deltoid muscle
12 years	Rubella Vaccine for girls (S. C)	Subcutaneous in the arm
18 years	Td (Tetanus + diph I.M)	Intra muscular injection in the deltoid muscle