|  |  |
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| ﺻﻮﺭﺓ | ﳕـــﻮﺫﺝ ﻃــﻠﺐﺇﻗﺎﻣﺔ ﺃﻭﻝ ﻣﺮﺓ ﻧﻘﻞ ﻛﻔﺎﻟــﺔ ﺇﻟﻐﺎﺀ ﻛﻔﺎﻟﺔﲡﺪﻳﺪ ﺇﻗﺎﻣﺔ ﺗﻌﺪﻳﻞ ﺑﻴﺎﻧﺎﺕ ﺇﺿﺎﻓﺔ ﻣﺮﺍﻓﻖﻭﺯﺍﺭﺓ ﺍﻟﺪﺍﺧﻠﻴﺔ ﻧﻘﻞ ﺍﻷﻗﺎﻣﺔ ﳉﻮﺍﺯ ﺍﻟﺴﻔﺮ ﺣﺬﻑ ﻣﺮﺍﻓﻖﺍﻹﺩﺍﺭﺓ ﺍﻟﻌﺎﻣﺔ ﻟﺸﺆﻭﻥ ﺍﻟﻬـــﺠﺮﺓﺇﺩﺍﺭﺓ ﻫﺠﺮﺓ ﻣﺤﺎﻓﻈﺔ: |
| ٤\*٦ |
|  |  | ﺇﻗﺎﻣﺔ ﻣﺆﻗﺘﺔ ﻋﻤﻞ ﺑﺎﳊﻜﻮﻣﺔ ﻋﻤﻞ ﺑﺎﻟﻘﻄﺎﻉ ﺍﻷﻫﻠﻲ ﺇﻟﺘﺤﺎﻕ ﺑﻌﺎﺋﻞ | أﺧﺘﺮ اﶈﺎﻓﻈﺔ |
|  | ﻣﺰﺍﻭﻟﺔ ﻧﺸﺎﻁ ﺣﺮ ﺍﻟﻌﻤﻞ ﻛﺨﺎﺩﻡ  ﻟﻠﺪﺭﺍﺳــﺔ ﻣﺼﺪﺭ ﺇﻧﻔﺎﻕ |  |
|  |
|  |  |  |  |  |  |  |  |  |  |  |  | ﺭﻗﻢ ﺍﻹﻗﺎﻣﺔ |  | ﻧﻮﻉ ﺍﻹﻗﺎﻣﺔ |
|  |  |  |  |  | ﺍﻹﺳﻢ ﺍﻟﻜﺎﻣﻞ |
| FULL NAME |  |  |  |  |  |
|  | ﺗﺎﺭﻳــﺦ ﺍﳌﻴﻼﺩ |  | ﻣﺤﻞ ﺍﳌﻴﻼﺩ | اﳉﻨﺲ | ﺍﳉﻨــﺲ |  | ﺍﳉﻨﺴﻴﺔ |
|  | ﺍﳌﻬﻨـــﺔ |  | ﺍﳊﺎﻟﺔ ﺍﻟﺘﻌﻠﻴﻤﻴﺔ | اﺧﺘﺮ | ﺍﳊﺎﻟﺔ ﺍﻹﺟﺘﻤﺎﻋﻴــﺔ |  | ﺍﻟﺪﻳﺎﻧــﺔ |
|  | ﺟﻨﺴﻴﺔ ﺍﳉﻮﺍﺯ |  | ﻧﻮﻉ ﺍﳉــﻮﺍﺯ |  | ﺭﻗﻢ ﺟﻮﺍﺯ ﺍﻟﺴﻔﺮ |  | ﻓﺼﻴﻠﺔ ﺍﻟﺪﻡ |
|  | ﺗﺎﺭﻳﺦ ﺍﻷﻧﺘﻬﺎﺀ |  | ﺗﺎﺭﻳﺦ ﺍﻹﺻﺪﺍﺭ |  | ﻣﻜﺎﻥ ﺍﻷﺻﺪﺍﺭ |
|  | ﻋﺪﺩ ﺍﳌﺮﺍﻓﻘﲔ |  |  |  |  |  |  |  |  |  |  |  |  | ﺍﻟﺮﻗﻢ ﺍﳌﺪﻧﻲ |
|  | ﺭﻗﻢ ﺍﻟﻘﻄـــــﻌﺔ |  | ﻣﻨﻄﻘﺔ | أﺧﺘﺮ اﶈﺎﻓﻈﺔ | ﻣﺤﺎﻓﻈﺔ | ﻋﻨﻮﺍﻥ ﺍﻟﺴﻜﻦ |
|  | ﻧـــﻮﻉ ﺍﳌﺒﻨـــﻰ |  | ﺟﺎﺩﺓ |  | ﺷــﺎﺭﻉ |
|  | ﺍﳌﺪﺧﻞ |  | ﺍﻟﺸﻘـــﺔ |  | ﺍﻟﺪﻭﺭ |  | ﺭﻗﻢ ﺍﻟﻘﺴﻴﻤﺔ |  |  | ﺭﻗﻢ ﺍﳌﺒﻨﻰ/ ﺍﺳﻢ ﺍﳌﺒﻨﻰ |
|  | ﻫـــﺎﺗﻒ | ﺪﻱ | ﺍﻟﺮﻣﺰ ﺍﻟﺒﺮﻳ |  | ﺻﻨﺪﻭﻕ ﺑﺮﻳﺪ |  | ﺑﻴﺎﻧﺎﺕ ﺇﺿﺎﻓﻴﺔ |
| ﺗـــــﻮﻗﻴﻊ ﻃﺎﻟﺐ ﺍﻹﻗـــﺎﻣﺔ:   |
| ﺇﻗﺮﺍﺭ ﻭﺗﻌﻬـــﺪ ﺍﻟﻜﻔــــﻴﻞ ﻭﺑﻴﺎﻧﺎﺗـــــﺔ |
|  |  |  |  | ﺍﻷﺳﻢ ﺍﻟﻜﺎﻣﻞ |
| FULL NAME |  |  |  |  |
|  | ﺭﻗﻢ ﺍﳉﻨﺴــﻴﺔ / ﺍﻷﻗﺎﻣـــﺔ |  | ﺍﳉﻨﺴﻴﺔ |
|  | ﻣﺮﺟﻊ ﺍﻟﺪﺍﺧﻠﻴﺔ |  | ﺇﺳﻢ ﺍﻟﺸﺮﻛﺔ ﺍﳉﻬﺔ ﺍﳊﻜﻮﻣﻴﺔ |
|  | ﺭﻗﻢ ﺍﻟﻘﻄـــــﻌﺔ |  | ﻣﻨﻄﻘﺔ | أﺧﺘﺮ اﶈﺎﻓﻈﺔ | ﻣﺤﺎﻓﻈﺔ | ﻋﻨﻮﺍﻥ ﺍﻟﻜﻔﻴﻞ |
|  | ﻧـــﻮﻉ ﺍﳌﺒﻨـــﻰ |  | ﺟﺎﺩﺓ |  | ﺷــﺎﺭﻉ |
|  | ﺍﳌﺪﺧﻞ |  | ﺍﻟﺸﻘـــﺔ |  | ﺍﻟﺪﻭﺭ |  | ﺭﻗﻢ ﺍﻟﻘﺴﻴﻤﺔ |  |  | ﺭﻗﻢ ﺍﳌﺒﻨﻰ/ ﺍﺳﻢ ﺍﳌﺒﻨﻰ |
|  | ﻫـــﺎﺗﻒ |  | ﺍﻟﺮﻣﺰ ﺍﻟﺒﺮﻳﺪﻱ |  | ﺻﻨﺪﻭﻕ ﺑﺮﻳﺪ |  | ﺑﻴﺎﻧﺎﺕ ﺇﺿﺎﻓﻴﺔ |
| ﻣﺤﻞ | ﺃﻗﺮ ﺍﻧﺎ ﺍﳌﻮﻗﻊ ﺃﺩﻧﺎﻩ ﺑﺄﻥ ﺍﻟﺒﻴﺎﻧﺎﺕ ﺍﳌﺪﺭﺟﺔ ﺑﻬﺬﺍ ﺍﻟﻄﻠﺐ ﺻﺤﻴﺤﻪ ﻭﺃﺗﻌﻬﺪ ﺑﺄﻥ ﻳﻌﻤﻞ ﻟﺪﻯ / ﺃﻧﻔﻖ ﻋﻠﻴﻪ/ ﻃﻮﺍﻝ ﻣﺪﺓ ﺍﻗﺎﻣﺘﺔ ﻭﺃﻥ ﺍﺧﻄﺮ ﺍﻷﺩﺍﺭﺓ ﺍﻟﻌﺎﻣﺔ ﻟﺸﺌﻮﻥ ﺍﻟﻬﺠﺮﺓ ﻋﻦﺇﻗﺎﻣﺘﺔ ﺃﻭ ﺃﻯ ﺗﻐﻴﻴﺮ ﻳﻄﺮﺃ ﻋﻠﻴﺔ ﻭﺃﻥ ﺃﻋﻴﺪﻩ ﺍﻟﻰ ﺑﻠﺪﻩ ﺍﻷﺻﻠﻲ ﻋﻠﻲ ﻧﻔﻘﺘﻲ ﻋﻨﺪ ﺇﻧﺘﻬﺎﺀ ﺍﻹﻗﺎﻣﺔ ﻭﺫﻟﻠﻚ ﻃﺒﻘﺎ ﻟﻘﺎﻧﻮﻥ ﺍﻷﺟﺎﻧﺐ ﻭ ﺍﻟﻘﺮﺍﺭﺍﺕ ﺍﻟﻮﺯﺍﺭﻳﺔ ﺍﳌﻨﻔﺬﺓ ﻟﻪ.ﺍﻟـــﺘﺎﺭﻳﺦ: ﺗﻮﻗﻴﻊ ﺍﻟﻜﻔﻴﻞ |



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| **) ﺗﻌﺒﺄ ﻓﻰ ﺣﺎﻟﺔ ﻧﻘﻞ ﺍﻹﻗﺎﻣﺔ ﳉﻮﺍﺯ ﺟﺪﻳﺪ(** |  |  | **ﺗﻨﺎﺯﻝ ﻣﻦ ﺍﻟﻜﻔﻴـــــــﻞ ﺍﻟﺴﺎﺑﻖ** |  |  |
|  |  |  |  |  | **ﺇﺳﻢ ﺍﻟﻜﻔﻴﻞ ﺍﻟﺴﺎﺑﻖ** |
| **ﺍﻟﺘﻮﻗــــﻴﻊ** |  |  |  |  | **ﺍﻟـــﺘﺎﺭﻳﺦ:** |
| **) ﺗﻌﺒﺄ ﻓﻰ ﺣﺎﻟﺔ ﺇﻟﻐـــﺎﺀ ﺍﻹﻗﺎﻣﺔ(** |  |  | **ﺑﻴﺎﻧﺎﺕ ﺇﻟﻐـﺎﺀ ﺍﻹﻗــــــﺎﻣﺔ** |  |  |
|  | **ﺳﺒﺐ ﺍﻹﻟــــﻐﺎﺀ** |
| **DEPENDENTS** |  |  |  |  | **ﺍﻟـــــﻤﺮﺍﻓﻘﻮﻥ:** |
| **ﺻﻠﺔ ﺍﻟﻘﺮﺍﺑﺔ** | **ﺍﻟﺪﻳﺎﻧــﺔ** | **ﺗﺎﺭﻳــﺦ ﺍﳌﻴﻼﺩ** | **ﺍﳉﻨﺴﻴﺔ** | **ﺍﳉﻨــﺲ** | **ﺍﻹﺳﻢ ﺍﻟﻜﺎﻣﻞ** | ﻡ |
|  |  |  |  | اﺧﺘﺮ |  | ١ |
|  |  |  |  | اﺧﺘﺮ |  | ٢ |
|  |  |  |  | اﺧﺘﺮ |  | ٣ |
|  |  |  |  | ÇÎÊÑ |  | ٤ |
|  |  |  |  | اﺧﺘﺮ |  | ٥ |
|  |  |  |  | اﺧﺘﺮ |  | ٦ |
|  |  |  |  | اﺧﺘﺮ |  | ٧ |
| **ﻟﻺﺳﺘﻌﻤـــﺎﻝ ﺍﻟﺮﺳﻤﻲ** |
|  | **ﺭﻗﻢ ﺍﳌﺎﺩﺓ** |  | **ﺇﻟــــــــــﻲ** |  | **ﻣــــــــــــــﻦ** |  | **ﻣــﺪﺓ ﺍﻹﻗﺎﻣــﺔ** |
|  | **ﺗﺎﺭﻳﺨﻬــﺎ** |  | **ﺭﻗﻢ ﺍﻟﺸﻬﺎﺩﺓ ﺍﻟﻄﺒﻴﺔ** |  | **ﺗﺎﺭﻳﺨﻬــﺎ** |  | **ﺭﻗﻢ ﺷﻬﺎﺩﺓ ﺣﺴﻦ ﺍﻟﺴﻠﻮﻙ** |
|  | **ﻧﻮﻉ ﺍﻟﺘﺼﺮﻳـــــــﺢ** |  | **ﺗﺎﺭﻳﺨــــﻪ** |  | **ﺭﻗﻢ ﺍﻹﻗﺮﺍﺭ ﺃﻭ ﻛﺘﺎﺏ ﺍﻟﻮﺯﺍﺭﺓ** |
|  | **ﻋﺪﺩ ﺍﻟﻜﻔــــﺎﻻﺕ** |  | **ﺗﺎﺭﻳﺦ ﻧﻬﺎﻳﺔ ﺍﳉﻮﺍﺯ** | **ﺍﻟﻘـــﻴﺪ ﺑﻘﻮﺍﺋﻢ ﺍﳌﻤﻨﻮﻋﲔ** |  | **ﻋﺪﺩ ﺍﳌﺴﺘـــــﻨﺪﺍﺕ** |
| **ﺍﻟﻜــــﻔﻴﻞ** | **ﺍﳌـــــــــﻘﻴﻢ** |
|  |  |
|  | **ﺭﻗﻢ ﺍﻹﻗﺎﻣﺔ ﺍﳌﻔﺼﻮﻝ ﻣﻨﻬﺎ** |
| **ﺭﺋﻴﺲ ﺍﻟﻘــــﺴﻢ** |  |  | **ﺍﳌﻮﻇﻒ ﺍﺘﺺ** |  | **ﺍﻟـــﺘﺎﺭﻳﺦ:** |

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