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| ﺻﻮﺭﺓ | | | | | | ﳕـــﻮﺫﺝ ﻃــﻠﺐ  ﺇﻗﺎﻣﺔ ﺃﻭﻝ ﻣﺮﺓ ﻧﻘﻞ ﻛﻔﺎﻟــﺔ ﺇﻟﻐﺎﺀ ﻛﻔﺎﻟﺔ  ﲡﺪﻳﺪ ﺇﻗﺎﻣﺔ ﺗﻌﺪﻳﻞ ﺑﻴﺎﻧﺎﺕ ﺇﺿﺎﻓﺔ ﻣﺮﺍﻓﻖ  ﻭﺯﺍﺭﺓ ﺍﻟﺪﺍﺧﻠﻴﺔ ﻧﻘﻞ ﺍﻷﻗﺎﻣﺔ ﳉﻮﺍﺯ ﺍﻟﺴﻔﺮ ﺣﺬﻑ ﻣﺮﺍﻓﻖ  ﺍﻹﺩﺍﺭﺓ ﺍﻟﻌﺎﻣﺔ ﻟﺸﺆﻭﻥ ﺍﻟﻬـــﺠﺮﺓ  ﺇﺩﺍﺭﺓ ﻫﺠﺮﺓ ﻣﺤﺎﻓﻈﺔ: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | |  | | ﺇﻗﺎﻣﺔ ﻣﺆﻗﺘﺔ ﻋﻤﻞ ﺑﺎﳊﻜﻮﻣﺔ ﻋﻤﻞ ﺑﺎﻟﻘﻄﺎﻉ ﺍﻷﻫﻠﻲ ﺇﻟﺘﺤﺎﻕ ﺑﻌﺎﺋﻞ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | أﺧﺘﺮ اﶈﺎﻓﻈﺔ | | | | |
|  | | | | | | ﻣﺰﺍﻭﻟﺔ ﻧﺸﺎﻁ ﺣﺮ ﺍﻟﻌﻤﻞ ﻛﺨﺎﺩﻡ  ﻟﻠﺪﺭﺍﺳــﺔ ﻣﺼﺪﺭ ﺇﻧﻔﺎﻕ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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|  | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 ﻋﻦ  ﺇﻗﺎﻣﺘﺔ 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 |
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| **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** | | | | |
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|  | | | | | | | | | | | | | | | | | | | **ﺭﻗﻢ ﺍﻹﻗﺎﻣﺔ ﺍﳌﻔﺼﻮﻝ ﻣﻨﻬﺎ** | | |
| **ﺭﺋﻴﺲ ﺍﻟﻘــــﺴﻢ** | | | | | |  |  | **ﺍﳌﻮﻇﻒ ﺍﺘﺺ** | | | | | | | | |  | **ﺍﻟـــﺘﺎﺭﻳﺦ:** | | | |

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