

REGISTRATION FORM - AKIS British Curriculum

FOR OFFICE USE ONLY – To be completed by the Admissions Office

Academic Year:	
Admission Number:	Date of Admission:
Admitted into Year:	House:
New Admission <input type="checkbox"/>	Readmission <input type="checkbox"/>



This application will not be accepted without the submission of ALL required documents

APPLICANT INFORMATION

Family Name (as per passport): TAFSEER	Gender: Male: <input type="checkbox"/> Female: <input checked="" type="checkbox"/>
First Name (as per passport): NOURA	Date of Birth (DD/MM/YYYY): 11/09/2018
Place of Birth (City/ State): BURNLEY	Country of Birth: UK
Passport No.: 562374200	Nationality: UK BRITISH
Qatar ID No.: 31882600450	HMC Medical Card No.: HC07201842
Religion: (required by MOEHE) Muslim <input checked="" type="checkbox"/> Christian <input type="checkbox"/> Other <input type="checkbox"/>	Year Group/ Class requested for admission: FS

PROFILE OF LANGUAGES SPOKEN AT HOME (this will help us to place your child appropriately):

The child speaks mainly in ENGLISH (language) at home.

Her/she can understand English: Well Little Not at All

Mother's native language is ENGLISH speaks to her child mainly in ENGLISH

Father's native language is ENGLISH speaks to his child mainly in ENGLISH

Nanny's/Maid's native language is ENGLISH speaks to her child mainly in ENGLISH

DETAILS OF LAST SCHOOL (if applicable)

School Name: TWINKLE STAR NURSURY	Year: 2021-2023
School Address: AL KHOR	
Syllabus followed in the school: British <input type="checkbox"/> American <input type="checkbox"/> IB <input type="checkbox"/> Other <input checked="" type="checkbox"/> (please specify): _____	

FAMILY INFORMATION

Home Address (in Qatar): 103 AIN SALAM COMPOUND, ST 776, BLD 51, ZONE 74		
SPONSORING PARENT'S INFORMATION		
Name: (as per passport) AMIR TAFSEER		Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/>
Company: Qatargas <input type="checkbox"/> AKIS <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please specify) _____		Staff No.: 1634
Qatar ID No.: 29082600821	Nationality: UK	
Mobile No.: 33136919	Home Tel. No.:	Work Tel. No.:
Work Email Address: AMIR.TAFSEER@AKIS.SCH.QA	Preferred contact: Work <input type="checkbox"/> Personal <input checked="" type="checkbox"/>	
Personal Email Address: AMIRTAFSEER@GMAIL.COM		
OTHER PARENT'S INFORMATION		
Name: (as per passport) NATASHA AJMAL BUTT		Father <input type="checkbox"/> Mother <input checked="" type="checkbox"/>
Qatar ID No.: 28982600900	Nationality: UK	
Mobile No.: 33217436	Home Tel. No.:	Work Tel. No.:
Email Address: NATASHA_BUTT786@HOTMAIL.COM		

Emergency Contact INFORMATION (other than parents and currently residing in Qatar)

Name: ASHHAD ZAMAN	Relationship: FAMILY RELATION	Tel No(s).: 50279433
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DETAILS OF OTHER SIBLINGS CURRENTLY IN AKIS-BC

DO YOU CURRENTLY HAVE CHILDREN REGISTERED AT AKIS? YES / NO NO. OF CHILD/REN IN AKIS _____

IF YES, PLEASE PROVIDE DETAILS BELOW:

Name	Year	House
NA		

ANY ADDITIONAL INFORMATION

If there is any additional information that the school needs to be aware of, please indicate below, e.g. custody issue, special family circumstances, etc. Any legal issues will need to be supported by documentation and a copy to be provided to the school to be kept in your child's personal folder.

PLEASE PUT HER WITH ANOTHER STUDENT 'AVA'

MEDICAL INFORMATION

Vaccination Records:

It is a mandatory requirement from the Ministry of Education and Higher Education and the Ministry of Public Health that the school obtains a record of the immunisation history of all new applicants.

Please attach 2 copies of your child's vaccination records. ✓

Medical Conditions:

Does your child have any medical conditions e.g. asthma, diabetes, epilepsy? Please give full details below, attaching the latest medical record.

NA

Allergies:

Please list below any allergies that the school staff should be aware of e.g. food or insect bites. If your child has serious allergies, please detail the action to be taken below. Please attach latest/applicable medical records.

NA

Medication:

Please list below any medication that your child needs to take on a routine basis. Please give all information as to when and how this is to be taken. Please attach prescription from medical practitioner if any.

NA

Additional/Special Needs:

Does your child have any additional/special needs that the school needs to be aware of?

Hearing Sight Speech Other - please specify: _____

NA

CONSENT DECLARATIONS

In the event that your child requires emergency treatment you will be contacted and asked to collect your child from the school. If the school is unable to contact you, your child will be taken to Al Khor Community Medical Centre (for eligible students)/ Hamad General Hospital for diagnosis and treatment. Efforts to contact you will continue.

I consent to my child being taken to a doctor/hospital in the event of a medical emergency.



(Signature)

I accept the judgment of Al Khor International School staff in all matters regarding health and safety. To the best of my knowledge, I have accurately detailed above all medical conditions and information that the staff should be aware of.

Name of Parent: AMIR TAFSEER

Signature: 

Date: 27.02.2023

DECLARATION

I confirm that the above information is correct. I agree to abide by all the policies of AKIS and accept that decisions of the Education Manager in any matter relating to the administration of AKIS as final.

I consent, agree to and understand the following:

- Should my child exhibit additional needs requirements beyond the existing capabilities of AKIS which were not apparent at the point of admission, AKIS has the right to seek the child's withdrawal.
- My child shall undergo any assessment considered educationally necessary by AKIS.
- My child will take part in the required whole school curriculum subjects (including swimming, music and Ministry of Education and Higher Education-mandated lessons).

AMIR TAFSEER



27.02.23





Name of Parent (In BLOCK letters)

Signature

Date

CHECKLIST FOR REQUIRED DOCUMENTS	By Applicant	By Admissions Office
1. Original Letter of employment from the student's sponsor's company with home address	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Registration form duly completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Two colored passport size photographs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Copy of student's passport*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Copy of student's RP (Qatar ID)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Copy of student's birth certificate*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. 2 Copies of student's vaccination records	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Attested copy of most recent school report (must be written in or translated to English)	NA <input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Copy of Hamad Medical Corporation (HMC) card	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Copy of student's sponsor's Qatar ID/RP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Copy of other parent's Qatar ID/RP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Copy of student's sponsor's passport	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Copy of other parent's passport	<input checked="" type="checkbox"/>	<input type="checkbox"/>

* The original copy must also be presented for verification purposes

Admissions Office	Name	Signature	Date
Checked by:			
Reviewed by:			
Validated by Lead Registrar:			

Al Khor International School
Al Khor Community
PO Box: 22166
Doha, Qatar
T: +974 4473 3688 / 4666
F: +974 4473 4671
www.akis.sch.qa

مدرسة الخور الدولية
AL KHOR INTERNATIONAL SCHOOL



ADMIN-HR/1195/2023

26 February 2023

To whom it may concern,

This is to confirm that **Amir Tafseer** staff number **1634**, is a bona fide employee of Al Khor International School.

Al Khor International School (AKIS) employ him full-time as **Science Teacher** since **11/04/2021**.

The above named employee is on **Overseas Married with Children contract status** and under contract until **31/08/2023** and renewable by mutual agreement.

He currently resides at the following address;

Building: 51
Street: 776
Zone: 74
Doha, Qatar

The above information is given at the request of the employee and Al Khor International School accepts no responsibility or liability.

Yours sincerely,

STEPHEN WILLIAMS
Lead – Human Resources
Al Khor International School



State Of Qatar		دولة قطر
Residency Permit		رخصة إقامة
ID.No:	31882600450	الرقم الشخصي:
D.O.B.:	11/09/2018	تاريخ الميلاد:
Expiry:	25/08/2024	الصلاحية:
Nationality:	بريطانيا	الجنسية:
Occupation:	UK	المهنة:
	طفلة	
		الاسم: نورة تفسير
Name: NOURA TAFSEER		

Passport Number:	562374200	رقم جواز السفر:
Passport Expiry:	15/07/2024	تاريخ انتهاء الجواز:
Serial No:	30131882600450	الرقم المسلسل:
Residency Type:	عائلية	نوع الرخصة:
Employer:	امير تافسير	المستقدم:
مدير عام الإدارة العامة للجوازات General Director of the General Directorate of Passports	توقيع حامل البطاقة Holder's signature	
		
		

CERTIFIED COPY
Pursuant to the Births and



OF AN ENTRY
Deaths Registration Act 1953

BBW 345295

BIRTH		Entry No. 23
Registration district Lancashire Sub-district Lancashire		Administrative area County of Lancashire
1. Date and place of birth Eleventh September 2018 Lancashire Women and Newborn Centre Burnley		CHILD
2. Name and surname Noura TAFSEER		3. Sex Female
4. Name and surname Amir TAFSEER		FATHER
5. Place of birth Burnley Lancashire	6. Occupation Secondary School Teacher	
7. Name and surname Natasha Ajmal BUTT		MOTHER
8.(a) Place of birth Burnley Lancashire	8. (b) Occupation Secondary School Teacher	
9.(a) Maiden surname BUTT	9. (b) Surname at marriage if different from maiden surname	
10. Usual address (if different from place of child's birth) 68 Princess Street Nelson Lancashire		
11. Name and surname (if not the mother or father) _____		INFORMANT
		12. Qualification Mother
13. Usual address (if different from that in 10 above) _____		
14. I certify that the particulars entered above are true to the best of my knowledge and belief N Butt		Signature of informant
15. Date of registration Twenty-eighth September 2018		16. Signature of registrar Anne P Munro Deputy Registrar
17. Name given after registration, and surname _____		

Certified to be a true copy of an entry in a register in my custody.

[Handwritten Signature]

Deputy

~~*Superintendent Registrar~~
*Registrar

**Strike out whichever does not apply*

Date *28/09/2018*

CAUTION: THERE ARE OFFENCES RELATING TO FALSIFYING OR ALTERING A CERTIFICATE AND USING OR POSSESSING A FALSE CERTIFICATE. ©CROWN COPYRIGHT

System No. 517952301

WARNING: A CERTIFICATE IS NOT EVIDENCE OF IDENTITY.

I certify that this is the original document.

[Signature]

09/04/2020

Nadeem Ahmed
Nadeem Ahmed LL.B.
20 Carr Road Nelson
Solicitor

313509

Roberts & Smith
Solicitors
20 Carr Road
Nelson
Lancashire
BB9 7LB



STATE OF QATAR دولة قطر
Ministry of Foreign Affairs وزارة الخارجية

No.: 2021001052400/1 الرقم

Date: 08/06/2021 التاريخ

Amount: 100 QAR لسعر

NIOURA TAFSEER

نصادق على صحة الختم والتوقيع لـ

سفارة دولة قطر في لندن

دون ادنى مسؤولية عن المحتويات

02172838



في -
الدوحة

APOSTILLE (Convention de La Haye du 5 octobre 1961)	
1. Country: Pays / Pais:	United Kingdom of Great Britain and Northern Ireland
This public document Le présent acte public / El presente documento público	
2. Has been signed by a été signé par ha sido firmado por	Nadeem Ahmed
3. Acting in the capacity of agissant en qualité de quien actúa en calidad de	Solicitor.
4. Bears the seal / stamp of est revêtu du sceau / timbre de y está revestido del sello / timbre de	Not applicable
Certified Attesté / Certificado	
5. at à / en	London
6. the le / el día	18 August 2020
7. by par / por	Her Majesty's Principal Secretary of State for Foreign and Commonwealth Affairs
8. Number sous no / bajo el numero	APO-1999950
9. Seal / stamp Sceau / timbre Sello / timbre	
10. Signature Signature Firma	M. Gaffey <i>MG</i>



في: 08/09/2020 التاريخ
السعر: 25 GBP
نصادق على صحة الختم والتوقيع لـ
وزارة الخارجية البريطانية
دون ادنى مسؤولية عن المحتويات
3154424



عبد الرحمن بن محمد الباكور
ABDULRAHMAN M. AL-BAKER

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To verify this apostille go to www.verifyapostille.service.gov.uk

TAFSEER, Noura (Miss) Date of Birth: 11-Sep-2018 (3y 10m)

Report Path: Local Record

Laurel House, 47 Carr Road, Nelson, Lancashire, BB9 7SP

NHS Number: 719 821 3812

Usual GP: PRACTICE, PENDLE VALLEY (Dr)

Clinical Codes

Date	Description	Value	Units	Range
27-Jul-2022	Administration of booster dose of measles and mumps and rubella vaccine Manufacturer: PRIORIX GSK, Expiry Date: Mar-2023, Batch Number: A69CF278A, GMS: GMS, Injection site: Right arm			
27-Jul-2022	Booster diphtheria, tetanus, acellular pertussis and inactivated polio vaccination Manufacturer: BOOSTRIX IPV GSK, Expiry Date: May-2023, Batch Number: AC39B156AC, GMS: GMS, Injection site: Left arm, Scheduled/Unscheduled: Scheduled - procedure status			
27-Jul-2022	Full consent for immunisation			
04-Jan-2022	Name of parent/carer: Influenza vaccination invitation short message service text message sent CHILD FLU VAC INVITE SMS			
15-Jan-2020	Measles-mumps-rubella vaccination Manufacturer: PRIORIX GSK, Expiry Date: Dec-2020, Batch Number: A69CE907A, GMS: GMS, Injection site: Left thigh, Scheduled/Unscheduled: Scheduled - procedure status			
15-Jan-2020	Booster meningitis B vaccination Manufacturer: bexsero, Expiry Date: Feb-2021, Batch Number: abx07ba, GMS: GMS, Injection site: Left thigh			
15-Jan-2020	Third pneumococcal conjugated vaccination Manufacturer: prevenar 13, Expiry Date: Feb-2022, Batch Number: cj5487, GMS: GMS, Injection site: Right thigh, Scheduled/Unscheduled: Scheduled - procedure status			
15-Jan-2020	Haemophilus influenzae type B and meningitis C vaccination Manufacturer: menitorix gsk, Expiry Date: Mar-2021, Batch Number: a76ca387b, GMS: GMS, Injection site: Right thigh, Scheduled/Unscheduled: Scheduled - procedure status			
15-Jan-2020	Full consent for immunisation			
27-Mar-2019	Second meningitis B vaccination Manufacturer: BEXSERO, Expiry Date: Apr-2020, Batch Number: ABX763AA, GMS: GMS, Injection site: Left thigh			
27-Mar-2019	Second pneumococcal conjugated vaccination Manufacturer: PREVENAR 13, Expiry Date: Mar-2021, Batch Number: AA2786, GMS: GMS, Injection site: Right thigh, Scheduled/Unscheduled: Scheduled			
27-Mar-2019	Third DTaP/IPV/Hib/HepB vaccination Manufacturer: INFANRIX HEXA GSK, Expiry Date: Mar-2020, Batch Number: A21CD220B, GMS: GMS, Injection site: Right thigh			
27-Mar-2019	Full consent for immunisation			

09-Jan-2019 Second rotavirus vaccination Manufacturer: ROTARIX GSK, Expiry Date: May-2020, Batch Number: AROLC014CA, GMS: GMS, Scheduled/Unscheduled: Scheduled

09-Jan-2019 Second DTaP/IPV/Hib/HepB vaccination Manufacturer: INFANRIX HEXA GSK, Expiry Date: Feb-2020, Batch Number: A21CD200A, GMS: GMS, Injection site: Right thigh

21-Nov-2018 First meningitis B vaccination Manufacturer: bexsero, Expiry Date: Jan-2020, Batch Number: 172921, GMS: GMS, Injection site: Left thigh

21-Nov-2018 First rotavirus vaccination Manufacturer: rotarix gsk, Expiry Date: Aug-2019, Batch Number: aro1b846bf, GMS: GMS, Scheduled/Unscheduled: Scheduled

21-Nov-2018 First pneumococcal conjugated vaccination Manufacturer: prevenar 13, Expiry Date: Jul-2020, Batch Number: x26328, GMS: GMS, Injection site: Right thigh, Scheduled/Unscheduled: Scheduled

21-Nov-2018 First DTaP/IPV/Hib/HepB vaccination Manufacturer: INfanrix hexa gsk, Expiry Date: Dec-2019, Batch Number: a21cd147c, GMS: GMS, Injection site: Right thigh

21-Nov-2018 Full consent for immunisation

TAFSEER, Noura (Miss) Date of Birth: 11-Sep-2018 (3y 10m)

Report Path: Local Record

Laurel House, 47 Carr Road, Nelson, Lancashire, BB9 7SP

NHS Number: 719 821 3812

Usual GP: PRACTICE, PENDLE VALLEY (Dr)

Clinical Codes

Date	Description	Value	Units	Range
27-Jul-2022	Administration of booster dose of measles and mumps and rubella vaccine Manufacturer: PRIORIX GSK, Expiry Date: Mar-2023, Batch Number: A69CF278A, GMS: GMS, Injection site: Right arm			
27-Jul-2022	Booster diphtheria, tetanus, acellular pertussis and inactivated polio vaccination Manufacturer: BOOSTRIX IPV GSK, Expiry Date: May-2023, Batch Number: AC39B156AC, GMS: GMS, Injection site: Left arm, Scheduled/Unscheduled: Scheduled - procedure status			
27-Jul-2022	Full consent for immunisation			
04-Jan-2022	Name of parent/carer: Influenza vaccination invitation short message service text message sent CHILD FLU VAC INVITE SMS			
15-Jan-2020	Measles-mumps-rubella vaccination Manufacturer: PRIORIX GSK, Expiry Date: Dec-2020, Batch Number: A69CE907A, GMS: GMS, Injection site: Left thigh, Scheduled/Unscheduled: Scheduled - procedure status			
15-Jan-2020	Booster meningitis B vaccination Manufacturer: bexsero, Expiry Date: Feb-2021, Batch Number: abx07ba, GMS: GMS, Injection site: Left thigh			
15-Jan-2020	Third pneumococcal conjugated vaccination Manufacturer: prevenar 13, Expiry Date: Feb-2022, Batch Number: cj5487, GMS: GMS, Injection site: Right thigh, Scheduled/Unscheduled: Scheduled - procedure status			
15-Jan-2020	Haemophilus influenzae type B and meningitis C vaccination Manufacturer: menitorix gsk, Expiry Date: Mar-2021, Batch Number: a76ca387b, GMS: GMS, Injection site: Right thigh, Scheduled/Unscheduled: Scheduled - procedure status			
15-Jan-2020	Full consent for immunisation			
27-Mar-2019	Second meningitis B vaccination Manufacturer: BEXSERO, Expiry Date: Apr-2020, Batch Number: ABX763AA, GMS: GMS, Injection site: Left thigh			
27-Mar-2019	Second pneumococcal conjugated vaccination Manufacturer: PREVENAR 13, Expiry Date: Mar-2021, Batch Number: AA2786, GMS: GMS, Injection site: Right thigh, Scheduled/Unscheduled: Scheduled			
27-Mar-2019	Third DTaP/IPV/Hib/HepB vaccination Manufacturer: INFANRIX HEXA GSK, Expiry Date: Mar-2020, Batch Number: A21CD220B, GMS: GMS, Injection site: Right thigh			
27-Mar-2019	Full consent for immunisation			

09-Jan-2019 Second rotavirus vaccination Manufacturer: ROTARIX GSK, Expiry Date: May-2020, Batch Number: AROLC014CA, GMS: GMS, Scheduled/Unscheduled: Scheduled

09-Jan-2019 Second DTaP/IPV/Hib/HepB vaccination Manufacturer: INFANRIX HEXA GSK, Expiry Date: Feb-2020, Batch Number: A21CD200A, GMS: GMS, Injection site: Right thigh

21-Nov-2018 First meningitis B vaccination Manufacturer: bexsero, Expiry Date: Jan-2020, Batch Number: 172921, GMS: GMS, Injection site: Left thigh

21-Nov-2018 First rotavirus vaccination Manufacturer: rotarix gsk, Expiry Date: Aug-2019, Batch Number: arolb846bf, GMS: GMS, Scheduled/Unscheduled: Scheduled

21-Nov-2018 First pneumococcal conjugated vaccination Manufacturer: prevenar 13, Expiry Date: Jul-2020, Batch Number: x26328, GMS: GMS, Injection site: Right thigh, Scheduled/Unscheduled: Scheduled

21-Nov-2018 First DTaP/IPV/Hib/HepB vaccination Manufacturer: INfanrix hexa gsk, Expiry Date: Dec-2019, Batch Number: a21cd147c, GMS: GMS, Injection site: Right thigh

21-Nov-2018 Full consent for immunisation



مؤسسة حمد الطبية
Hamad Medical Corporation
صحة • تعليم • بحوث
HEALTH • EDUCATION • RESEARCH

H.C. No. : الرقم الصحي: **HC07201842** البطاقة الصحية
Health Card

الإسم: نورة تفسير
Name: **NOURA TAFSEER**

تاريخ الميلاد: 11/9/2018
Date of Birth: **11/9/2018**

الجنسية: بريطانية
Nationality: **British**

الرقم الشخصي: 31882600450
ID No: **31882600450**

IF YOU FIND THIS CARD, PLEASE RETURN TO THE SECURITY DEPARTMENT OF HAMAD MEDICAL CORPORATION
إذا وجدت هذه البطاقة الرجاء إعادتها إلى قسم الأمن في مؤسسة حمد الطبية

الأعراض المرضية الأساسية
IMPORTANT MEDICAL DATA

- CAD
- EPILEPSY
- HYPERTENSION
- DIABETES MELLITUS
- COAGULATION DISORDER
- RENAL FAILURE
- ASTHMA & COPD
- DRUGS ALLERGY
- IMMUNOSUPPRESSED

BLOOD GROUP: HEALTH CENT **75**

تاريخ الإصدار: 28/9/2021
PHC : Location : 65173KRN

State Of Qatar
Residency Permit

دولة قطر
رخصة إقامة



ID.No: 29082600821 الرقم الشخصي:
D.O.B.: 14/03/1990 تاريخ الميلاد:
Expiry: 09/04/2025 الصلاحية:
Nationality: UK الجنسية:
Occupation: مدرس المهنة:

بريطانيا

الاسم: امير تافسير

Name: AMIR TAFSEER



Passport Number: 549712743 رقم جواز السفر:
Passport Expiry: 18/02/2028 تاريخ انتهاء الجواز:
Serial No: 30129082600821 الرقم المسلسل:
Residency Type: عمل نوع الرخصة:
Employer: شركة قطر غاز للتشغيل المحدوده المستقدم:
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports توقيع حامل البطاقة
Holder's signature








State Of Qatar
Residency Permit



دولة قطر
رخصة إقامة

ID.No: 28982600900 الرقم الشخصي:
D.O.B.: 30/10/1989 تاريخ الميلاد:
Expiry: 25/08/2024 الصلاحية:
Nationality: UK الجنسية:
Occupation: ربة منزل المهنة:



الاسم: نتاشة بت

Name: NATASHA AJMAL BUTT

Passport Number: 535138481 رقم جواز السفر:
Passport Expiry: 29/04/2026 تاريخ انتهاء الجواز:
Serial No: 30128982600900 الرقم الممسلسل:
Residency Type: عائلية نوع الرخصة:
Employer: امير تافسير المستقدم:
مدير عام الإدارة العامة للجوازات
General Director of the General
Directorate of Passports توقيع حامل البطاقة
Holder's signature



