

Kingdom Of Saudi Arabia

Date : / /20

Ministry Of the Interior

General Department of Weapons  
and Explosives



**Address Form**

<b>ID Number</b>	Full Name : ..... National ID No. : .....
<b>Address</b>	Region:.....City..... Residential Neighborhood.....Street..... Building No: ..... Additional Information:..... Home Telephone:.....Mobile:.....Fax:.....
<b>Work Information</b>	Company:..... Business:..... City: ..... Street:.....Neighborhood:..... Building:..... P.O.box:..... Postal Code:..... Telephone:..... Fax:..... Website:..... e-mail:.....
<b>Commercial Activities in the last 10 years</b>	
<b>Residential places in the last 10 years</b>	
<b>Pledge</b>	I pledge that all written information mentioned above are correct. Name:..... Signature:.....