People's Democratic Republic Of Algeria

Algerian Embbassy in Kuwait

الجمهورية الجزائرية الديمقراطية الشعبية

سفارة الجزائر بالكويت

Consular Registration Form

Last Name:	اللقب :
First Name:	الاسم :
Date of Birth:	Country:
Place of Birth:	مكان الميلاد:
Wilaya :	
Act N°:	Transcription Year:	Register N°:
Gender: M ◯ F ◯	Family Status: Single ◯ Married ◯ Divorced ◯ Widow ◯
Spouse Name:	لـــقـــب الزوج:
Nationality of Origin:	Other nationality:

Applicant's Father	
First Name:	الاسم:
Date of Birth:	Country:
Place of Birth:	مكان الميلاد:
City:	Nationality:

Applicant's Mother	
Last Name:	اللقب:
First Name:	الاسم :
Date of Birth:	Country:
Place of Birth:	مكان الميلاد:
City:	Nationality:

Applicant's Contact Details		
Address in Algeria:		
Emergency Contact:		
Address:		Phone:
Applicant's Address in the KWT		
Address:		
Postcode:	County:	City:
Phone:	Cellphone:	
Email:		

Studies and work in Algeria	
Educational Level:	Degree:
Profession in Algeria:	Employer:
Employer Address:	
Work or studies in the KWT	
Job Title:	Employer:
Employer Address:	
Postcode:	City:

Appearance	
Blood Type: -	Height (CM):
Eyes Color: -	Hair Color: -

Residency Documents		
Document number:	Type of Documents:	
Issue date:	Expiry Date:	
Algerian passport and Id card		
Passport number:	Authority of Issue:	
Issued On:	Expiry date:	
ID Card number:	Date of Issue:	Authority of Issue:

Other information	
Previous consular registration:	Did you benefit from CCR ?: Yes ◉ No ○
Date of first KW Date of first arrival	Date of first registration:
National Services Situation: -	

Children			
First Name	**Date of Birth**	**Place of Birth**	**Mother's Full name**

Applicant's Signature

Date : .....