



**ARAB REPUBLIC OF EGYPT
MINISTRY OF CULTURE
SUPREME COUNCIL OF ANTIQUITIES**

Security form

Please complete clearly in block capitals and return to the Department of Foreign Missions (sca_missions@hotmailcom).

Name (Last Name, First Name): _____

Nationality: _____ Religion: _____

Date & Place of Birth: _____

Profession: _____

Address of Residence in
Egypt: _____

Country & No. of Passport: _____ Expiration Date: _____

Purpose of visit: _____

Duration of visit: _____

Organization with which you will be associated: _____

Expected salary: _____

Your relationship with the Antiquities Service: _____

Current employment (position, institution): _____

Foreign mission with which you will be associated, if any: _____

Please detail previous visits to Egypt, if any: _____

Please Attach five photographs of applicant and a copy of the applicant's passport.

Signature of applicant: _____

Date: _____

Any information about from the Antiquities Department

General Director
Security Office
M1