

# VIP PASSPORT SERVICES, INC.

2012 Louisiana Street  
Houston, Texas 77002

713-659-8472 1-800-856-8472 Fax 713-659-3767

Website: [www.vippassports.com](http://www.vippassports.com) Email: [vipinfo@vippassports.com](mailto:vipinfo@vippassports.com)



## WORK ORDER REQUEST FORM

### ELECTRONIC REQUESTS

#### TRAVELER INFO

TRAVELER NAME

TRAVELER DATE OF BIRTH

DATE OF U.S. DEPARTURE

DATE PASSPORT IS NEEDED

VIP FILE LOCATOR NUMBER

#### BILLING INFORMATION

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

P.O. OR BILLING REF#:

#### RETURN INFORMATION

PLEASE LIST THE EMAIL ADDRESS WHERE THE COMPLETED DOCUMENT IS TO BE SENT,  
IF DIFFERENT FROM THE ONE LISTED ABOVE

EMAIL FOR RETURN OF DOCUMENT:

#### METHOD OF PAYMENT

CREDIT CARD

CARD NUMBER

EXP. DATE

CVV CODE

SIGNATURE OF CARD HOLDER

AUTH. AMOUNT \$\_\_\_\_\_

MONEY ORDER

CASHIER'S CHECK

COMPANY CHECK

SPECIAL INSTRUCTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT TRANSLATIONS & LEGALIZATIONS

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## ETHIOPIA E-VISA (BUSINESS)

U.S. PASSPORT HOLDER

### DOCUMENTS REQUIRED

PLEASE FORWARD THIS SHEET AND ALL THE REQUIREMENTS TO THE ADDRESS LISTED ABOVE

COPY OF VALID PASSPORT:	1	COPY OF APPLICATION:	1
PASSPORT TYPE PHOTO (S):	1	TRAVEL ITINERARY:	1
COPY OF INVITE:	1	BUSINESS LICENSE:	1-COPY
TAXPAYER I.D. NUMBER:	1		

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

### PROCESSING FEES

(PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS)	<u>\$95.00</u>
CONSULATE FEE: (SEE NEXT PAGE)	<u>\$32.00</u>
MONEY ORDER:	<u>\$6.00</u>
OTHER FEES: _____	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

#### RETURNING OF COMPLETED EVISA

THE COMPLETED E-VISA WILL BE EMAILED BACK TO THE REQUESTER UNLESS ALTERNATE EMAIL IS PROVIDED ON WORK ORDER REQUEST FORM. PLEASE BE SURE THE CORRECT EMAIL(S) ARE LISTED TO ENSURE NO DELAYS IN THE RETURN OF THE COMPLETED E-VISA.

REGULAR PROCESS TIME: **3 TO 5 DAYS**

COMMENTS: PLEASE DO NOT PURCHASE NON-REFUNDABLE OR NON-CHANGEABLE AIRLINE TICKETS UNTIL THE E-VISA HAS BEEN APPROVED AND IN IN-HAND.

REVISED 1-15-2019 JENN

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## **ETHIOPIA E-VISA (BUSINESS)** U.S. PASSPORT HOLDER

- 1.) **CLEAR COPY OF VALID U.S. PASSPORT** (MUST BE VALID FOR A MINIMUM OF 6 MONTHS)
- 2.) **ONE (1) PASSPORT-TYPE PHOTOGRAPH** TAKEN WITHIN THE PAST 6 MONTHS OR LESS
- 3.) **ONE (1) COMPLETED APPLICATION**
- 4.) **COPY OF INVITATION**
- 5.) **COPY OF BUSINESS LICENSE FOR INVITING ORGANIZATION**
- 6.) **TAXPAYER IDENTIFICATION NUMBER (TIN) OF INVITING ORGANIZATION**
- 7.) **COPY OF TRAVEL ITINERARY**
- 8.) **CONSULATE FEE**: \$32.00 – 30-DAY, SINGLE ENTRY VISA

**VALIDITY:** BUSINESS E-VISA ARE USUALLY ISSUED FOR 30-DAY, SINGLE ENTRY WHO VALIDITY STARTS FROM THE INTENDED DATE OF ENTRY INTO ETHIOPIA. THESE VISAS CANNOT BE EXTENDED. THE VALIDITY, DURATION OF STAY AND NUMBER OF ENTRIES OF THE VISA ARE ISSUED AT THE SOLE DISCRETION OF THE VISA OFFICER.

REVISED 1-15-2019



PLEASE TYPE OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW EACH ITEM. REQUEST No. \_\_\_\_\_

FIRST NAME ..... MIDDLE NAME ..... LAST NAME .....

SEX  MALE  FEMALE DATE OF BIRTH *D*...../*M*...../*YY*..... COUNTRY OF BIRTH .....

CURRENT NATIONALITY ..... ORIGINAL NATIONALITY (NATIONALITY AT BIRTH) .....

PASSPORT TYPE  ORDINARY  SERVICE  DIPLOMATIC  TRAVEL DOCUMENT  OTHER .....

PASSPORT NUMBER ..... ISSUE DATE *D*...../*M*...../*YY*..... EXPIRATION DATE *D*...../*M*...../*YY*.....

HOME/MAILING ADDRESS .....

CITY/TOWN ..... STATE/REGION ..... ZIP/POSTAL CODE ..... COUNTRY .....

DAY TEL. .... EVENING TEL. .... FAX ..... E-MAIL .....

CURRENT OCCUPATION .....

PURPOSE OF TRAVEL  TOURISM/FAMILY VISIT  BUSINESS  OFFICIAL  TRANSIT  OTHER .....

DATE OF DEPARTURE FROM USA ..... DATE OF ARRIVAL IN ETHIOPIA ..... BORDER OF FIRST ENTRY .....

DURATION OF STAY IN ETHIOPIA ..... ENTRIES:  SINGLE  DOUBLE  MULTIPLE

ADDRESS IN ETHIOPIA HOTEL: HOTEL NAME ..... HOTEL TELEPHONE NUMBER .....

COMPANY IN ETHIOPIA ..... CONTACT NAME ..... CONFERENCE DATES START DATE ..... PHONE NUMBER ..... EMAIL ..... END DATE .....

FAMILY ACCOMMODATION: CITY ..... REGION ..... ZONE ..... K. KETEMA (WOREDA) ..... KEBELE ..... HOUSE No. .... TELEPHONE .....

**PHOTO**  
ATTACH ONE PASSPORT SIZE PHOTOGRAPH.  
*WRITE YOUR NAME ON THE BACK OF THE PHOTOGRAPH.*

**CHILDREN/DEPENDENTS ON THE SAME PASSPORT**

	FIRST NAME	MIDDLE NAME	LAST NAME	SEX	BIRTH DATE (D/M/YY)	BIRTH PLACE
1						
2						
3						
4						
5						

I, THE UNDERSIGNED, DECLARE THAT ALL THE ABOVE-MENTIONED STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S NAME ..... APPLICANT'S SIGNATURE ..... DATE .....

DO NOT WRITE IN THIS SPACE  
FOR OFFICIAL USE ONLY/ TO BE FILLED IN AT HEAD OFFICE

VISA NUMBER ..... VISA TYPE ..... DATE OF ISSUE ..... EXPIRATION DATE .....

PROCESSED BY NAME ..... SIGNATURE ..... DATE .....

APPROVED BY NAME ..... SIGNATURE ..... DATE .....