



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 Email: info@vippassports.com

*****ATTENTION*****

ALL ANGOLA VISA APPLICANTS MUST APPEAR IN PERSON WHEN SUBMITTING DOCUMENTS FOR A VISA, WITHOUT EXCEPTION.

PLEASE **FAX OR EMAIL** A COPY OF ALL OF YOUR DOCUMENTS TO OUR OFFICE TO REVIEW BEFORE SENDING YOUR ORIGINALS TO OUR OFFICE. VIP RECOMMENDS THAT YOU **DO NOT PURCHASE** ANY AIRFARE FOR TRAVEL TO HOUSTON BEFORE MAKING CONTACT WITH A VIP AGENT.

WHEN COORDINATING YOUR APPEARANCE AT THE CONSULATE WITH VIP, PLEASE BE SURE TO HAVE ALL ORIGINAL DOCUMENTS AT OUR OFFICE NO LESS THAN ONE BUSINESS DAY BEFORE YOUR REQUESTED APPEARANCE DATE.

PLEASE BE SURE THAT YOUR CONSULATE APPEARANCE FORM (SEE PAGE 6) IS COMPLETED IN ITS ENTIRETY TO AVOID ANY DELAYS IN PROCESSING.

THANKS,

VIP PASSPORT SERVICES, INC.

Specializing in Visas, Passports, Document Legalization and Translations



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WORK ORDER REQUEST FORM

(RETURN THIS FORM WITH EACH REQUEST)

BILLING INFORMATION:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
CITY/ST: _____
PHONE: _____
CELL: _____
FAX: _____
EMAIL: _____

RETURN DOCUMENTS TO:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
CITY/ST: _____
PHONE: _____
CELL: _____
FAX: _____
EMAIL: _____

CREDIT CARD INFORMATION:

CARD#: _____
EXP. DATE: _____ CVV#: _____

**SIGNATURE OF CARD HOLDER
REQUIRED:** _____

BILLING INSTRUCTIONS:

YOUR P.O. OR REF#: _____

**AUTHORIZED AMOUNT TO CHARGE MY
CREDIT CARD: US\$** _____

TRAVELERS NAME: _____

DATE OF USA DEPARTURE: _____

DATE OF BIRTH: _____

DATE YOU NEED PASSPORT: _____

VIP RESERVATION/FILE LOCATOR NUMBER: _____

SPECIAL INSTRUCTIONS: _____

HOW DID YOU HEAR ABOUT VIP?

REPEAT CUSTOMER__ INTERNET__ REFERRED__ BY_____ WALK-IN_____

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ANGOLA SHORT TERM VISA (V.C.D.) VISA U.S. PASSPORT HOLDER

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>1-SIGNED</u>	APPLICATION (S):	<u>1-TYPED</u>
PASSPORT TYPE PHOTO (S):	<u>1-COLOR</u>	TRAVEL ITINERARY:	<u>1-COPY</u>
COMPANY LETTER:	<u>1</u>	INT'L HEALTH CERT.:	<u>1-COPY</u>
COPY OF INVITATION:	<u>1</u>	DATA FORM:	<u>1</u>

OTHER: PLEASE SEE NEXT PAGE FOR DETAILED INSTRUCTIONS.

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

FEES PER PERSON:

VIP SERVICE FEE: (REGULAR PROCESS)	<u>\$; 5.00</u>
CONSULATE FEE:	<u>\$282.00</u>
MONEY ORDER:	<u>\$6.00</u>
SPECIAL HANDLING FEE: (<i>SPECIFIC DAY TO PROCESS</i>)	<u>\$50.00</u>
AIRPORT PICKUP/DELIVERY (<i>SEE NOTE BELOW</i>)	<u> </u>
HOTEL PICKUP/DELIVERY (<i>SEE NOTE BELOW</i>)	<u> </u>
*ADD RETURN DELIVERY FEE:	<u> </u>
TOTAL: (NO PERSONAL CHECKS, PLEASE)	<u> </u>

***P/UP AND OR DELIVERY FEES:**

HOTEL PICKUP/DLVY	\$55.00(EACH)
IAH PICKUP/DLVY	\$75.00(EACH)
LOCAL DELIVERY	CALL V.I.P.

****VISA PROCESSING TIME**

REGULAR PROCESSING TIME: 2 TO 3 DAYS

PLEASE BE SURE THAT THE CONSULATE APPEARANCE DATA FORM IS COMPLETED CORRECTLY TO ENSURE THAT WE ARE ABLE TO COORDINATE THE WITH THE APPLICANT ACCORDINGLY.

COMMENTS: IN THE EVENT YOU ARE REQUESTING TO BE PICKED UP FROM EITHER IAH AIRPORT OR A HOTEL IN THE VICINITY, BE SURE TO COMPLETE YOUR CONSULATE APPEARANCE DATA FORM WITH ALL OF YOUR PICKUP DETAILS.

REVISED: 1-34-201; (JENN/UF N)



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ANGOLA- SHORT TERM (V.C.D) VISA

**IF TRAVELING TO ANGOLA FOR THE PURPOSE OF SHORT-TERM (7-DAY) VISIT,
PLEASE SUBMIT THE FOLLOWING DOCUMENTS:**

SHORT-TERM (V.C.D.) VISA:

- 1.) ONE (1) SIGNED U.S. PASSPORT
 - a. MUST HAVE SIX (6) MONTHS OF REMAINING VALIDITY
 - b. MUST HAVE THREE (3) CONSECUTIVE BLANK VISA PAGES
- 2.) ONE (1) PASSPORT-TYPE PHOTO GRAPH (2x2", COLOR, WHITE BACKGROUND)
 - a. MUST BE WEARING BUTTONED-UP COLLARED SHIRT
 - b. NO NECK SKIN SHOWING
 - c. NO COMPANY LOGOS OR EMBLEMS DISPLAYED
- 3.) ONE (1) COMPLETE APPLICATION, TYPED
- 4.) ONE (1) COPY OF THE FLIGHT ITINERARY
- 5.) COPY OF FRONT AND BACK OF THE APPLICANTS DRIVER'S LICENSE OR THE STATE ISSUED ID (TO SUBSTANTIATE THE JURISDICTION)
- 6.) ONE (1) COPY OF OFFICIAL INVITATION
 - a. MUST BE PRINTED IN COLOR
 - b. MUST BE CLEARLY PRINTED
 - c. MUST BEAR THE SEAL AND SIGNATURE OF THE MINISTRY OF EXTERNAL RELATIONS (OIL/GAS, WATER, ENERGY, ETC.). *IF YOU ARE BEING INVITED BY A COMPANY THAT IS IN THE OIL/GAS INDUSTRY, THE LETTER MUST BEAR THE SEAL OF THE MINISTRY OF PETROLEUM.*
 - d. PLEASE BE SURE THAT THE CONTACT IN ANGOLA SENDS A COPY OF THE INVITATION VIA FAX (713-212-3841) TO THE VISA SECTION OF THE CONSULATE ATTENTION TO "VISA OFFICER"
 - e. PLEASE BE SURE THAT THE INVITATION IS REQUESTING THE CONSULATE ISSUE THE APPROPRIATE TYPE OF VISA (TYPE "VCD")
- 7.) ONE (1) COMPANY LETTER OF GUARANTEE
- 8.) ONE (1) COPY OF THE INTERNATIONAL HEALTH CERTIFICATE
 - a. MUST REFLECT INOCULATION FOR YELLOW FEVER
 - b. PRINTED IN COLOR
- 9.) ONE (1) COMPLETED CONSULATE APPEARANCE CUSTOMER DATA FORM
- 10.) CONSULATE FEE: \$282.00

SPECIAL NOTE: WHEN APPLYING FOR A SHORT TERM 7 DAY "VCD" VISA, THE CONSULATE IN HOUSTON WILL ONLY ACCEPT APPLICATIONS ON MONDAYS AND WEDNESDAYS AND WILL ISSUE/RELEASE THE VISA ON THE DESIGNATED DATE OF YOUR CHOICE AS REQUESTED WHEN SUBMITTING THE APPLICATION. THE CONSULATE WILL NOT ISSUE/RELEASE A VISA ON A MONDAY. IF YOU WILL BE TRAVELING TO ANGOLA FOR BUSINESS MEETINGS/AND OR DISCUSSIONS, YOU WILL NEED TO REQUEST AN ORDINARY VISA TYPE "VOR" OR "VR2". PLEASE SEE OTHER INSTRUCTIONS.

CONTINUED →



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VALIDITY:

ONCE THE 7DAY SHORT TERM VCD VISA IS ISSUED, YOU MUST ENTER ANGOLA WITHIN 72 HOURS OF THE DATE OF ISSUE LISTED ON THE VISA. THE SHORT TERM VCD VISA ALLOWS THE APPLICANT TO REMAIN IN ANGOLA FOR UP TO SEVEN (7) DAYS FROM THE DATE OF ISSUE AND CAN BE RENEWED IN ANGOLA FOR AN EQUAL NUMBER OF DAYS.

REVISED: 1-34-201; (JENN/UFN)

CONSULATE APPEARANCE CUSTOMER DATA FORM

APPLICANT NAME: _____

APPLICANT CELL PHONE NUMBER: _____

PASSPORT NUMBER: _____

PASSPORT ISSUE DATE: _____

PASSPORT EXPIRATION DATE: _____

TYPE OF ANGOLA VISA REQUESTED: _____

DATE OF DEPARTURE FROM U.S.: _____

DATE OF ENTRY INTO ANGOLA: _____

HOW WILL YOU BE GETTING TO THE CONSULATE: (PLEASE SELECT ONE)

MEET VIP COURIER AT CONSULATE ON THE MORNING OF _____ (DATE OF APPEARANCE)
(COURIER WILL CALL YOU 30 MINUTES PRIOR TO ARRIVING AT CONSULATE TO ARRANGE MEET-UP)

MEET AT VIP OFFICE TO ACCOMPANY COURIER ON MORNING OF _____ (DATE OF APPEARANCE)
(PLEASE ARRIVE NO LATER THAN 8:00AM ON THE DAY OF YOUR APPOINTMENT)

VIP WILL PICK ME UP FROM MY HOTEL, TAKE ME TO THE CONSULATE FOR MY
APPOINTMENT ON _____ (DATE OF APPEARANCE)

HOTEL NAME: _____

HOTEL ADDRESS/PHONE: _____

CHECK IN DATE: _____

VIP WILL PICK ME UP DIRECTLY FROM THE AIRPORT, TAKE ME TO THE CONSULATE FOR
MY APPOINTMENT ON _____ (DATE OF APPEARANCE)

AIRPORT OF ARRIVAL: _____

DATE OF ARRIVAL: _____

TIME OF ARRIVAL: _____

TERMINAL OF ARRIVAL (IF AVAILABLE): _____

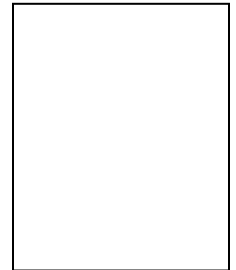
(*IMPORTANT: FAILURE TO COMPLETE THIS FORM MAY CAUSE A DELAY IN THE PROCESS OF YOUR VISA***)**



Republic of Angola
Consulate General of the Republic of Angola
Houston, Texas
U.S.A.

3040 Post Oak Blvd., Suite 780
Houston, Texas 77056

Tel: 713-212-3840
Fax: 713-212-3841



VISA REQUEST

TRANSIT

SHORT-STAY

TOURIST

ORDINARY

Name: _____

Marital Status:

Gender:

D.O. Birth: _____

Place of Birth: _____

Country of Birth: _____

Nationality of origin: _____

Current Nationality: _____

Passport # _____

Issued in: _____ on: _____ Expiration date: _____

Profession: _____

Current Occupation: _____

Employer/Workplace: _____

Street Address: _____ City/State: _____ Zip: _____

Fax: _____ Email address: _____ Phone: _____

Father's name: _____ Father's nationality: _____

Mother's name: _____ Mother's nationality: _____

Place of lodging in Angola: _____

City _____ Street address: _____ House# _____

Name of Person or Company who will be responsible for your stay: _____

Province: _____ Municipality: _____ Suburb: _____

Street address: _____ House# _____

Date of entry in Angola: _____ Frontier point entered: _____

Minors endorsed in your passport who will benefit from the visa		
1. Name: _____	Born on _____	Relationship: _____
2. Name: _____	Born on _____	Relationship: _____
3. Name: _____	Born on _____	Relationship: _____

Name of Person or Entity requesting the visa: _____

TO BE COMPLETED BY THE APPLICANT OF THE TRANSIT VISA

Country of Destination: _____

Date of Arrival in Angola: _____

Carrier you will be travelling on out of Angola: _____

Do you have a: Entry visa or Residency permit for the country of destination?

Number: _____ Valid until _____

TO BE COMPLETED BY THE APPLICANT OF THE TOURIST VISA

Name of Person or Company to contact in Angola: _____

Purpose of visit: Leisure
 Sports Event
 Cultural

Activities to be performed: _____

Start date: _____ End date: _____

Date of entry in Angola: _____ Frontier point entered: _____

TO BE COMPLETED BY THE APPLICANT OF THE SHORT-STAY VISA

Name of Person or Company to contact in Angola: _____

Reason for requesting a visa: _____

Full address in Angola: _____

Date of entry in Angola: _____ Frontier/Point of entry: _____

Date of departure from Angola: _____

ADDITIONAL INFORMATION	YES	NO
- Did you ever travel to Angola before?	<input type="checkbox"/>	<input type="checkbox"/>
- Were you ever granted a residence permit card?	<input type="checkbox"/>	<input type="checkbox"/>
- Did you ever obtain a work visa?	<input type="checkbox"/>	<input type="checkbox"/>
- Were you ever denied entry into Angola?	<input type="checkbox"/>	<input type="checkbox"/>
- Were you ever expelled from Angola?	<input type="checkbox"/>	<input type="checkbox"/>
Date _____	_____	
	SIGNATURE OF APPLICANT	

FOR OFFICIAL USE ONLY

Opinion of the Head of the Consular Mission: _____

Date _____
Head of Consular Mission

LEGIBLE SIGNATURE

TOURIST VISA

- A tourist visa must be used within 60 (sixty) days of being issued. It is valid for one or two entries and allows applicant to remain in the country for a period of up to 30 (thirty) days. This visa can be renewed once for the same period of time.
- The Government may establish and update, unilaterally or by mutual agreement, a list of countries whose citizens are exempt from getting entry visas for stays shorter than 90 (ninety) days.
- The tourist visa does not allow its holder to establish residence in national territory nor to take part in any remunerated activity.

#2, 3 and 4, Article 44, Law #2/07, August 31

TRANSIT VISA

- A transit visa must be used within 60 (sixty) days of being issued. It allows applicant to remain in the country for a period of up to 5 days, is valid for one or two entries and cannot be renewed.
- This visa can be exceptionally granted at the frontier point to the foreign traveler who is travelling but interrupts his/her trip due to the mandatory stops required by the carrier concerning transporting the individual.

#2 and 3, Article 43, Law #2/07, August 31

SHORT-STAY VISA

- A short-stay visa must be used within 72 (seventy-two) hours of being issued, and it allows the foreign citizen to remain in national territory up to 7 (seven) days and it is renewable for an equal number of days.
- The short-term visa does not require previous authorization from the Foreigners and Migration Services, granting of the visa is authorization enough.
- The short-stay visa does not allow its holder to establish residence in national territory nor to take part in any remunerated activity.

#2, 3 and 54, Article 45, Law #2/07, August 31

ORDINARY VISA

- The ordinary visa must be used within 60 (sixty) days of being issued. It allows its holder to remain in the country for a period of up to 30 (thirty) days and can be renewed twice for the same period of time.
- The ordinary visa does not allow its holder to establish residence in national territory nor take part in any remunerated activity.

#2, 3 and 5, Article 46, Law #2/07, August 31

Reset Form

Print Form



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EXAMPLE OF A COMPANY LETTER OF GUARANTEE

DATE: _____

CONSULATE OF ANGOLA HOUSTON
3040 POST OAK BOULEVARD
SUITE 780
HOUSTON, TX 77056

GENTLEMEN:

MR. / MRS. (TRAVELER) IS ONE OF OUR EMPLOYEES WHO IS
ENGAGED AS (POSITION) FOR (COMPANY NAME). MR. / MRS.
(TRAVELER) PLANS TO VISIT (CITY) FOR THE PURPOSE OF (DETAILED
EXPLANATION OF TRIP) WITH (COMPANY TO BE VISITED).

MR. / MRS. (TRAVELER) WILL BE DEPARTING THE UNITED STATES ON
(DATE) AND WILL BE STAYING FOR (LENGTH OF TRIP). OUR COMPANY,
(EMPLOYER), WILL GUARANTEE MR. / MRS. (TRAVELER) MAINTENANCE
AND WILL BE RESPONSIBLE FOR HIS / HER WELFARE WHILE IN YOUR
COUNTRY. HE / SHE IS IN POSSESSION OF SUFFICIENT FUNDS FOR HIS / HER
STAY AND HAS PREPAID TRANSPORTATION TO RETURN TO THE UNITED
STATES.

WE WOULD BE VERY APPRECIATIVE IF YOU WOULD ISSUE MR. / MRS.
(TRAVELER'S NAME) THE APPROPRIATE 7 DAY VCD VISA AT YOUR EARLIEST
CONVENIENCE.

THANK YOU,

(SUPERVISORS SIGNATURE)

PLEASE BE SURE THAT THE PERSON WHO AUTHORIZED YOUR TRIP SIGNS THIS
LETTER. THE TRAVELER SHOULD NOT SIGN THIS LETTER.
DO NOT ATTENTION THIS LETTER TO VIP SERVICES!