



## 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: [info@vippassports.com](mailto:info@vippassports.com)

### **\*\*\*ATTENTION\*\*\***

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

**THE ANGOLA CONSULATE IN HOUSTON WILL ONLY ACCEPT  
APPLICATIONS FOR APPLICANTS RESIDING IN THE  
FOLLOWING STATES:**

**ALABAMA**

**LOUISIANA**

**OKLAHOMA**

**ARKANSAS**

**MISSISSIPPI**

**S. CAROLINA**

**FLORIDA**

**NEW MEXICO**

**TENNESSEE**

**GEORGIA**

**N. CAROLINA**

**TEXAS**

*OUR OFFICE WILL BE AVAILABLE TO ASSIST ANY APPLICANTS  
THAT RESIDE IN THE STATES LISTED ABOVE.*



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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 9) 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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## CURRENT JURISDICTIONS FOR EMBASSY AND CONSULATE GENERALS OF ANGOLA IN THE UNITED STATES



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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 (V.C.D.) VISA NON-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 SUBMIT A COPY OF U.S. STATUS (ORIGINAL VISA/I-94 OR COPY OF VALID GREEN CARD). PLEASE SEE NEXT PAGE FOR MORE DETAILS.

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

### FEES PER PERSON:

VIP SERVICE FEE: (REGULAR PROCESS)	<u>\$95.00</u>
CONSULATE FEE:	<u>\$282.00</u>
MONEY ORDER:	<u>\$6.00</u>
SPECIAL HANDLING FEE: (SPECIFIC DAY TO PROCESS)	<u>\$50.00</u>
AIRPORT PICK-UP/DELIVERY FEE: (SEE NOTE BELOW)	<u>                    </u>
AIRPORT PICK-UP/DELIVERY FEE: (SEE NOTE BELOW)	<u>                    </u>
*ADD RETURN DELIVERY FEE:	<u>                    </u>
<b>TOTAL: (NO PERSONAL CHECKS, PLEASE)</b>	<u>                    </u>

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

HOTEL PICKUP/DLVY	\$55.00(EACH)
AIRPORT PICKUP/DLVY	\$75.00(EACH)
1 <sup>ST</sup> OVERNIGHT DLVY	\$75.00
LOCAL DELIVERY	CALL VIP

#### **\*\*VISA PROCESSING TIME**

REGULAR PROCESSING TIME: 2 - 3 DAYS  
PLEASE LIST HERE THE DATE YOU WANT THE VISA TO BE ISSUED:

-----

COMMENTS: IF REQUESTING TO BE PICKED UP FROM EITHER IAH AIRPORT OR A HOTEL IN THE VACINITY, BE SURE TO COMPLETE THE CONSULATE APPREARANCE DATA FORM WITH ALL OF THE PICKUP DETAILS.

RE V I S E D : 1 - 7 - 2 0 1 6 \* ( J E N N )



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## ANGOLA- SHORT TERM VISIT VISA

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

### SHORT-TERM VISIT VISA:

- 1.) **ONE (1) SIGNED 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 FLIGHT ITINERARY**
- 5.) **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. **IF INVITATION IS NOT FROM AN ANOGLA MINISTRY (OIL, GAS, WATER, ETC.), THE INVITATION WILL ALSO NEED TO BE ACCOMPANIED BY THE FOLLOWING DOUCMENTS:**
    - DIARO DA REPUBLICA
    - D.A.R. TAX FORMS (MOST RECENT)
    - ALVARA
    - CLEAR COPY OF I.D. FOR PERSON SIGNING INVITE
  - e. 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"
  - f. PLEASE BE SURE THAT THE INVITATION IS REQUESTING THE CONSULATE ISSUE THE APPROPRIATE TYPE OF VISA (TYPE "VCD")
- 6.) **ONE (1) COMPANY LETTER OF GUARANTEE**
- 7.) **ONE (1) COPY OF INTERNATIONAL HEALTH CERTIFICATE**
  - a. MUST REFLECT INOCULATION FOR YELLOW FEVER
  - b. PRINTED IN COLOR
- 8.) **ONE (1) PROOF OF U.S. STATUS:**

(PLEASE SUBMIT ONE OF THE FOLLOWING)

  - a. COPY OF FRONT AND BACK FOR PERMANENT RESIDENT CARD
  - b. ORIGINAL U.S. VISA AND PRINTED I-94 (VISIT [WWW.CBP.GOV/I94](http://WWW.CBP.GOV/I94))
- 9.) **ONE (1) COMPLETED CONSULATE APPEARANCE CUSTOMER DATA FORM**
- 10.) **CONSULATE FEE: \$282.00**

**CONTINUED →**



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**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.

**VALIDITY:** ONCE THE 7DAY SHORT TERM VISIT VISA IS ISSUED, YOU MUST ENTER ANGOLA WITHIN 72 HOURS OF THE DATE OF ISSUE LISTED ON THE VISA. THE SHORT TERM 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: 7-1-2014 (JENN)**

# CONSULATE APPEARANCE CUSTOMER DATA FORM

APPLICANT NAME: \_\_\_\_\_

APPLICANT CELL PHONE NUMBER: \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_

PASSPORT ISSUE DATE: \_\_\_\_\_

PASSPORT EXPIRATION DATE: \_\_\_\_\_

TYPE OF ANGOLA VISA REQUESTED: \_\_\_\_\_

I WILL MAKE MY APPEARANCE AT THE CONSULATE ON: \_\_\_\_\_

I WOULD LIKE MY VISA TO BE ISSUED ON : \_\_\_\_\_

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 MY APPOINTMENT  
(COURIER WILL CALL YOU 30 MINUTES PRIOR TO ARRIVING AT CONSULATE TO ARRANGE MEET-UP)

MEET AT VIP OFFICE TO ACCOMPANY VIP COURIER ON MORNING OF MY APPOINTMENT  
(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

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

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\*\*\*)**

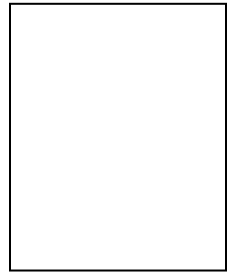




**Republic of Angola**  
**Consulate General of the Republic of Angola**  
**Houston, Texas**  
**U.S.A.**

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

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



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**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: \_\_\_\_\_

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

Name of Person or Entity requesting the visa: _____
---

<b>TO BE COMPLETED BY THE APPLICANT OF THE TRANSIT VISA</b>
---

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 \_\_\_\_\_

<b>TO BE COMPLETED BY THE APPLICANT OF THE TOURIST VISA</b>
---

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 _____	_____	
	<b>SIGNATURE OF APPLICANT</b>	

**FOR OFFICIAL USE ONLY**

Opinion of the Head of the Consular Mission: _____
_____
_____
_____
Date _____
Head of Consular Mission _____
<b>LEGIBLE SIGNATURE</b>

**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.

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#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.

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#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.

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#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!**