



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

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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ALGERIA BUSINESS VISA NON-U.S. PASSPORT HOLDER

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>1</u>	APPLICATION (S):	<u>2-TYPED</u>
PASSPORT TYPE PHOTO (S):	<u>2</u>	TRAVEL ITINERARY:	<u>1-COPY</u>
COMPANY LETTER: (ORIGINAL)	<u>1</u>	INSURANCE LETTER:	<u>SEE NEXT PAGE</u>
INVITATION LETTER: (ORIGINAL)	<u>1</u>	RELEASE LETTER:	<u>N/A</u>

OTHER: PLEASE SEND A COPY OF THE FRONT AND BACK OF YOUR GREEN CARD OR THE ORIGINAL USA VISA AND I-94 (VISIT www.cbp.gov/i94). THE EMBASSY WILL NOT ACCEPT THE APPLICATIONS UNLESS THEY ARE BOTH TYPED AND HAVE ORIGINAL **PEN-IN-HAND** SIGNATURES ON THEM. THE APPLICATION FORMS MUST BE FULLY COMPLETED AND NO FIELD SHOULD BE LEFT BLANK (**APPLICATIONS RECEIVED WITH MISSING INFORMATION SHOULD EXPECT A DELAY**)-PLEASE SEE NEXT PAGES FOR MORE DETAILED INFORMATION.

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: (SEE NEXT PAGE)	<u> </u>
POSTAL MONEY ORDER:	<u>\$6.00</u>
OTHER FEES: _____	<u> </u>
*ADD RETURN FEDERAL EXPRESS FEE:	<u> </u>
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u> </u>

*FEDERAL EXPRESS FEES:

PRIORITY LETTER	\$29.00
2-DAY LETTER	\$23.50
3-DAY LETTER	\$19.50
SATURDAY LETTER	\$41.50

**VISA PROCESSING TIME

REGULAR PROCESSING TIME: 2 TO 3 WEEKS

COMMENTS: THE EMBASSY IS CLOSED EVERY MONDAY & TUESDAY.
THE EMBASSY RECOMMENDS YOU DO NOT BUY NON-REFUNDABLE OR
UNCHANGEABLE AIRLINE TICKETS UNTIL THE VISA HAS BEEN ISSUED
AND YOUR PASSPORT IS IN HAND.

REVISED:9-21-2017(JENN)



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ALGERIA BUSINESS VISA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

BUSINESS VISA:

- 1.) **PASSPORT** (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) **TWO (2) PASSPORT-TYPE PHOTOGRAPHS** (2x2)
- 3.) **TWO (2) COMPLETED APPLICATIONS** (MUST BE TYPED WITH ORIGINAL, PEN-IN-HAND SIGNATURE)
- 4.) **COPY OF TRAVEL ITINERARY**
- 5.) **ONE (1) COMPANY LETTER OF GUARANTEE** (ORIGINAL)
- 6.) **ONE (1) LETTER OF INVITATION** (ORIGINAL)
- 7.) **PROOF OF INSURANCE (EUROPEAN UNION NATIONALITIES)** - PLEASE PROVIDE A LETTER STATING APPLICANT IS COVERED INTERNATIONALLY BY THEIR INSURANCE PROVIDER WHILE IN ALGERIA, ONLY IF APPLICANT IS PART OF THE EUROPEAN UNION.

COUNTRIES OF THE EUROPEAN UNION NEED PROOF OF INSURANCE				
AUSTRIA	ESTONIA	IRELAND	NETHERLANDS	SPAIN
BELGIUM	FINLAND	ITALY	POLAND	SWEDEN
BULGARIA	FRANCE	LATVIA	PORTUGAL	
CYPRUS	GERMANY	LITHUANIA	ROMANIA	
CZECH REP.	GREECE	LUXEMBOURG	SLOVAKIA	
DENMARK	HUNGARY	MALTA	SLOVENIA	

- 8.) **PROOF OF U.S. STATUS:** (PLEASE SUBMIT ONE OF THE FOLLOWING)
 - COPY OF PERMANENT RESIDENT CARD
 - ORIGINAL U.S. VISA AND PRINTED I-94 (VISIT www.cbp.gov/I94)
- 9.) **CONSULATE FEE:** \$160.00 – SUBJECT TO CHANGE BASED ON NATIONALITY

CONTINUED →



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PLEASE NOTE: IF YOU HAVE BEEN INVITED FROM A COMPANY IN “HASSI MESSAOUD” AND/OR ARE TRAVELING TO “HASSI MESSAOUD”, THE APPLICATION MUST HAVE DETAILED INFORMATION WHERE IT ASK FOR PURPOSE OF TRAVEL. THE EMBASSY WILL REJECT THE APPLICATION IF YOU ONLY LIST “BUSINESS” OR “VISIT” WITHOUT FURTHER DETAILED INFORMATION REGARDING THE PURPOSE OF THE TRIP. BE SURE TO LIST EXACTLY WHY YOU ARE TRAVELING TO ALGERIA WHEN ASKED ON THE APPLICATION. THE CONSULATE WILL NOT ISSUE YOU A VISA IF YOU HAVE AN ISRAELI STAMP IN YOUR PASSPORT. **IT IS RECOMMENDED THAT YOU DO NOT BUY THE AIRLINE TICKET UNTIL AFTER THE VISA HAS BEEN ISSUED AND THE PASSPORT IS IN HAND.**

VALIDITY: THE EMBASSY WILL NORMALLY ISSUE THE VISA ACCORDING TO THE DATES LISTED ON THE APPLICATION. BE SURE TO BE AS SPECIFIC AS POSSIBLE WHEN COMPLETING THE SECTION REGARDING THE DATES OF YOUR TRAVEL. PLEASE LIST THE EARLIEST POSSIBLE DATE YOU COULD TRAVEL AS THIS WILL BE THE START DATE OF THE VISA. **ONCE THE VISA HAS BEEN ISSUED THIS DATE CANNOT BE CHANGED.** THE VALIDITY, DURATION OF STAY, AND NUMBER OF ENTRIES OF THE VISA IS ISSUED AT THE DISCRETION OF THE CONSULAR OFFICERS, WHOSE DECISIONS ARE BASED ON THE LAWS AND REGULATIONS OF ALGERIA.

REVISED: 9-21-2017 (JEN)



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EXAMPLE OF A COMPANY LETTER OF GUARANTEE

DATE: _____

EMBASSY/CONSULATE OF: _____

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) THE APPROPRIATE **(SINGLE OR MULTIPLE)** ENTRY BUSINESS 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!

IMPORTANT: False statements will lead to the application being rejected or to the annulment of a visa already granted.

اللقب Last name	الاسم First name		
الاسم قبل الزواج Maiden name	اسم آخر Middle name		
تاريخ الميلاد Date of birth	الولاية المدينة City.....	الولاية State.....	
اسم الأب Father's name	اسم الأم Mother's maiden & first name		
الوضعية العائلية * Marital status (*)	أعزب Single	متزوج Married	مطلق Divorced
الجنسية الحالية Present Citizenship.....	أرمل Widow (er)	ذكر M	أنثى F
العنوان الشخصي Personal address.....	رقم هاتف البيت Home phone		
E-mail.....	Cell phone		
Husband-wife (6) زوج			
اللقب Last name (Maiden name for wife).....	الاسم First name		
تاريخ الميلاد Date of birth	المدينة City.....	الولاية State	
Children الأطفال to be filled when they travel with you لا يملأ الا في حالة سفر الأولاد			
الاسم و اللقب Last & First name	تاريخ الميلاد Date of birth	مكان الميلاد Place of birth	الجنسية Citizenship
Type of travel document			
جواز سفر عادي Ordinary passport	طبيعة وثيقة السفر وثيقة أخرى {توضيح} other document	(give precision).....	
رقم Number.....	الصادر Issued on.....	ينتهي في Expire on.....	
تأشيرة مطلوبة للدخول {*} Visa solicit for (*)	مرة واحدة 1 entry	مرتين 2 entries	عدة مرات several entries
المهنة Occupation.....	المستخدم Employer		
العنوان المهني Address of employer	رقم هاتف المكتب Office phone		
في حالة عبور In case of transit	الوجهة النهائية final destination		
هل لديكم تأشيرة دخول لهذا البلد {*} Do you have visa for this country (*)	نعم Yes	لا No	
العنوان أثناء الإقامة Address during your stay.....			
غرض الإقامة Purpose	اسم الشخص المقصود في الجزائر Name of your contact in Algeria.....	رقم الهاتف Phone.....	
مدة الإقامة Length of stay	من From	إلى To.....	
هل سبق لكم زيارة الجزائر ؟ Have you already visited Algeria?			
كم مرة زرت الجزائر ؟ Number of visits.....	في أي تاريخ ؟ when?	مدة الإقامة Length of stay	
I undertake to leave the Algerian territory at the expiration of the visa which would be granted to me, and to refuse any employment being paid or not, during my stay, and to not establish me there			
هام : تملأه جميع الخانات بحروف واضحة، في حالة خطأ أو عدم ملئها بعض الخانات لن يرد على طلبكم			
IMPORTANT: All categories must be completed in CAPITAL LETTERS in case mistakes or omissions; your application will be rejected			
(*) Put an X in the category corresponding to your answer			
التاريخ، وإمضاء المعني {صاحب الطلب} DATE AND APPLICANT SIGNATURE			

الرجاء الصاق
الصورة هنا

Please you must
attach photo
here

خاص بالإدارة
For office use
only

رقم الطلب
Application Number

تاريخ الإيداع
Received on

عدد مرات الدخول
المصرحة
Nbr. of authorized
entries

مدة الإقامة
Duration of stay

الضريبة المستحقة
Tax

تاريخ صدور التأشيرة
Issued on

التاريخ المحدد للاستعمال
Date limit of
utilization

رئيس المركز
(الامضاء و الختم)
Chief of post
(Signature and
stamp