



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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BENIN BUSINESS VISA ***(U.S. PASSPORT HOLDER)***

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>1</u>	APPLICATION (S):	<u>1</u>
PASSPORT TYPE PHOTO (S):	<u>1</u>	TRAVEL ITINERARY:	<u>1-COPY</u>
INT'L HEALTH CERTIFICATE:	<u>1</u>	COMPANY LETTER:	<u>1</u>
COPY OF INVITATION:	<u>N/A</u>	RELEASE LETTER:	<u>N/A</u>

OTHER: **SEE NEXT PAGES FOR MORE 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>\$75.00</u>
CONSULATE FEE:	<u> </u>
MONEY ORDER:	<u>\$6.00</u>
** <input type="checkbox"/> SPECIAL HANDLING FEE: (24 TO 48 HOUR RUSH PROCESS)	<u> </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
1 ST OVERNIGHT DELIVERY	\$75.00

****VISA PROCESSING TIME**

REGULAR PROCESSING TIME: 4 TO 7 DAYS

PLEASE MARK THE APPROPRIATE BOX IF YOU NEED
VIP TO REQUEST FOR THE VISA TO BE ISSUED IN
LESS THAN 5 DAYS FROM THE DAY THAT WE SUBMIT
YOUR APPLICATION (\$20.00 SPECIAL HANDLING FEE).

COMMENTS: IF YOU ARE REQUESTING THE VISA TO BE VALID FOR MULTIPLE ENTRY
BE SURE TO REQUEST THAT A MULTIPLE ENTRY BE ISSUED IN THE
COMPANY LETTER. DO NOT PURCHASE NON-CHANGEABLE OR
NON-REFUNDABLE AIRLINE TICKETS UNTIL THE VISA HAS BEEN ISSUED
AND THE PASSPORT IS IN-HAND.

REVISED: 1-28-2016 (JENN)

Specializing in Visas, Passports, Document Legalization and Translations



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PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) **U.S. PASSPORT**
 - MINIMUM OF 6 MONTHS REMAINING VALIDITY3
 - AT LEAST 1 BLANK VISA PAGE
- 2.) **ONE (1) PASSPORT-TYPE PHOTOGRAPH (2x2)**
- 3.) **ONE (1) COMPLETED APPLICATION**
- 4.) **COPY OF TRAVEL ITINERARY**
- 5.) **COMPANY LETTER OF GUARANTEE**
(IF YOU ARE REQUESTING A MULTIPLE ENTRY VISA-BE SURE THE COMPANY LETTER REQUEST ONE TO BE ISSUED)
- 6.) **INTERNATIONAL HEALTH CERTIFICATE** SHOWING A CURRENT YELLOW FEVER IMMUNIZATION
- 7.) **CONSULATE FEE:**

REGULAR PROCESSING FEE	\$140
RUSH PROCESSING FEE	\$240

VALIDITY: VISAS ARE ISSUED VALID FOR UP TO 36 MONTHS FOR SINGLE OR MULTIPLE ENTRIES AND YOU CAN STAY UP TO 90 DAYS ON EACH ENTRY. THE LENGTH OF VALIDITY IS DETERMINED BY THE VISA OFFICER ON A CASE BY CASE BASIS.

REVISED: 1-28-2016 (JENN)

REPUBLIQUE DU BENIN

AMBASSADE DU BENIN AUX ETATS-UNIS D'AMERIQUE
EMBASSY OF THE REPUBLIC OF BENIN
2124 Kalorama Road N.W.
Washington, D.C. 20008

RESERVE AU CONSULAT

REFERENCE :
TAXES PERCUES :
MODE DE PAIEMENT :

DEMANDE DE VISA
APPLICATION FOR VISA



Nom (en capitales) _____
Surname (in capitals)

Née : _____
(Nom de jeune fille – Maden Name)

Prénoms : _____
First names (in small letters)

Né le _____ à _____
Born on _____ at _____

Nationalité _____
Nationality _____
D'origine : _____
at birth
actuelle : _____
present

Situation de famille : _____ Enfants : Nombre _____ Ages _____
Married or single Number of children Ages

Résidence (adresses exacte) _____
Present address in full

Téléphone _____
Phone

Profession : _____
Occupation

Situation militaire : _____
Military service status

Transit à destination de : _____
Transit en route to
Avec arrêt de : _____ jours
With a stay of

Nature et durée du visa sollicité :

(Le cadre ci-contre doit être rempli par le:
demandeur qui rayera les mentions inutiles)
Type and validity of visa requested :
(The space opposite should be filled in)

SEJOUR DE : _____ jours
STAY OF _____ days
_____ mois
months

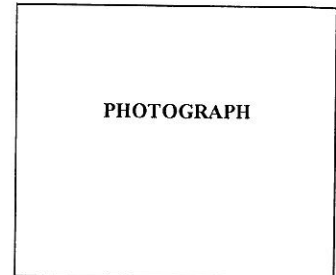
() unique
() multiple

Motifs du voyage : _____
Reason for journey

Avez-vous déjà résidé en République du Bénin pendant plus de trois mois sans interruption ? _____
Have you already resided in the Republic of Benin for more than three months continuously?

Précisez à quelle date : _____
When (give exact date) :

Attaches familiales en République du Bénin (adresses exactes) rue et n° _____
Have you any relations in the Republic of Benin (give full addresses, including street and street number



Passport N° _____

Délivrée le _____
issued on

Par : _____
By

Valable jusqu'au _____
Valid until

Références dans le pays de résidence (adresse) : _____
Reference in the country of residence (give full address)

Indication précise du lieu d'entrée en République du Bénin : _____
State exact point of entry into the Republic of Benin

Indication de vos adresses exactes en République du Bénin pendant que vous y séjournerez _____
State your full address, during your stay in the Republic of Benin

Comptez-vous installer en République du Bénin un Commerce ou une Industrie ? _____
Do you intend to establish a business or a factory in the Republic of Benin?

Où comptez-vous vous rendre en sortant de la République du Bénin ? _____
Where do you intend to go upon your departure from the Republic of Benin?

Je déclare avoir donné des réponses exactes et complètes à toutes les questions de la présente demande.
I declare that I have answered all required questions in this application fully and truthfully.

Signature du requérant
Signature of Applicant

Date



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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!