



VIP SERVICES

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: _____

PHONE: _____
FAX: _____
EMAIL: _____

RETURN DOCUMENTS TO:

CONTACT: _____
COMPANY: _____
ADDRESS: _____

PHONE: _____
FAX: _____
EMAIL: _____

BILLING INSTRUCTIONS:

AMOUNT ENCLOSED FOR DEPOSIT: _____

YOUR COMPANY P.O. OR REF#: _____

CREDIT CARD INFORMATION:

TYPE OF CARD: _____
CARD #: _____
EXPIRATION DATE: _____

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

SIGNATURE OF CARD HOLDER REQUIRED: _____

VISA PROCESSING
LIST COUNTRIES

AND
AND

CONSULATE FEES:
CONSULATE FEES:

-
-
-

\$ _____
\$ _____
\$ _____

TRAVELERS NAME: _____

DATE OF USA DEPARTURE: _____

DATE YOU NEED PASSPORT: _____

SPECIAL INSTRUCTIONS: _____

HOW DID YOU HEAR ABOUT VIP?

REPEAT CUSTOMER ___ INTERNET ___ REFERRED ___ BY _____ WALK-IN ___



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VISA INSTRUCTION SHEET

APPLICATION (S) REQUESTED FOR: BENIN TOURIST VISA

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>
BANK STATEMENT:	<u>1</u>	INT'L HEALTH CERTIFICATE:	<u>1</u>
COPY OF INVITATION:	<u>N/A</u>	RELEASE LETTER:	<u>N/A</u>

OTHER: 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:	<u>\$75.00</u>
CONSULATE FEE:	<u>\$140.00</u>
MONEY ORDER FEE:	<u>\$3.00</u>
OTHER FEES:	_____
*ADD RETURN FEDERAL EXPRESS FEE:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

*FEDERAL EXPRESS FEES:

PRIORITY LETTER	\$29.00	AVERAGE PROCESSING TIME	<u>3 TO 5 DAYS</u>
2-DAY LETTER	\$23.50		
3-DAY LETTER	\$19.50	PREPARED BY:	_____
SATURDAY LETTER	\$41.50		

COMMENTS: IF YOU ARE REQUESTING THE VISA TO BE VALID FOR MULTIPLE ENTRY BE SURE TO REQUEST THAT A MULTIPLE ENTRY VISA BE ISSUED IN YOUR COVER LETTER.

REVISED: 01-01-2012 (KS)

Specializing in Visas, Passports, Document Legalization and Translations



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BENIN

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS REMAINING VALIDITY)
- 2.) (1) ONE PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (1) ONE COMPLETED APPLICATION
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) A COPY OF MOST CURRENT BANK STATEMENT
- 6.) IF YOU ARE REQUESTING A MULTIPLE ENTRY VISA PLEASE SEND A COVER LETTER TO THE EMBASSY REQUESTING THAT A MULTIPLE ENTRY VISA BE ISSUED
- 7.) AN INTERNATIONAL HEALTH CERTIFICATE SHOWING A CURRENT YELLOW FEVER IMMUNIZATION
- 8.) CONSULATE FEE: \$140.00

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS REMAINING VALIDITY)
- 2.) (1) ONE PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (1) ONE COMPLETED APPLICATION
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) A COMPANY LETTER OF GUARANTEE (IF YOU ARE REQUESTING A MULTIPLE ENTRY VISA-BE SURE THE COMPANY LETTER REQUEST ONE TO BE ISSUED)
- 6.) AN INTERNATIONAL HEALTH CERTIFICATE SHOWING A CURRENT YELLOW FEVER IMMUNIZATION
- 7.) CONSULATE FEE: \$140.00

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: 05-25-2011 (KS)

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

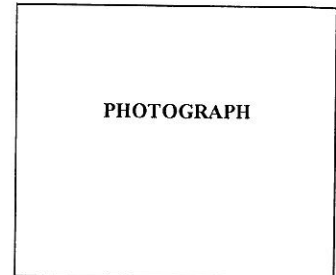
() unique
() multiple

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