



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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BURKINA FASO

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 1-YEAR REMAINING VALIDITY AND AT LEAST 1 BLANK VISA PAGE)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) YOUR INTERNATIONAL HEALTH CERTIFICATE SHOWING A CURRENT YELLOW FEVER IMMUNIZATION
- 6.) CONSULATE FEE:
 \$140.00 - MULTIPLE ENTRY (4 TO 7 DAY PROCESS)
 \$190.00 - MULTIPLE ENTRY (2 TO 3 DAY PROCESS)

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 1-YEAR REMAINING VALIDITY AND AT LEAST 1 BLANK VISA PAGE)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS
- 4.) A COMPANY LETTER OF GUARANTEE
- 5.) A COPY OF YOUR TRAVEL ITINERARY
- 6.) YOUR INTERNATIONAL HEALTH CERTIFICATE SHOWING A CURRENT YELLOW FEVER IMMUNIZATION
- 7.) CONSULATE FEE:
 \$140.00 - MULTIPLE ENTRY (4-7 DAY PROCESS)
 \$190.00 - MULTIPLE ENTRY (2-3 DAY PROCESS)

VALIDITY: THE CONSULATE CAN ISSUE THE VISA VALID FROM 90 DAYS TO A 5 YEAR MULTIPLE ENTRY. THE VALIDITY IS DETERMINED BY THE VISA OFFICER ON AN INDIVIDUAL CASE BY CASE BASIS.

REVISED: 06-07-2013 (KS)



AMBASSADE DU BURKINA FASO A WASHINGTON D.C.

2340 Massachusetts Ave, D.C 20008
Washington, D.C – USA
tél: (202) 332-5577 – fax: (202) 667-1882

Photographie

DEMANDE DE VISA

DE TRANSIT OU DE SEJOUR AU BURKINA FASO

N° _____/AMBF/WASH du...../...../.....

Informations du demandeur

Nom (en lettre capitale) :

Name

Née (Nom de jeune fille) :

Maiden name

Prénoms :

Given names

Né(e) le : ... / ... / (JJ/MM/AAAA) à Sexe : M F

Date of birth (dd/mm/yyyy) *Place of birth* *Sex*

Nationalité d'origine :

Nationality of origin

Nationalité actuelle :

Nationality

Situation de famille : Nombre d'enfants :

Relationship status *Number of children*

Adresse du demandeur :

Address

Contact :

Phone number

Profession :

Occupation

Informations Visa

Transit à destination de : date d'arrivée :/...../.....

Transit *Going to* *Arrival date*

Séjours durée du séjour : Nombre d'entrées : Une..... Multiples

Stay *Length of the stay* *Number of entrance*

Motif du voyage : Type du visa:.....

Purpose of travel

Lieu(x) de destination :

Destination

Adresse au Burkina Faso :

Address in Burkina

Contact :

Phone number

Informations Passeport

N° du passeport : Date d'expiration : ... / ... / (JJ/MM/AAAA)

Passport number *Validity date (dd/mm/yyyy)*

Délivré le : ... / ... / (JJ/MM/AAAA) par :

Issued date (dd/mm/yyyy) *Place of issue*

Fait à.....,

Le ... / ... / (JJ/MM/AAAA)

At

Signature du demandeur

Signature

.....