



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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BURUNDI REPUBLIC BUSINESS VISA *U.S. PASSPORT HOLDER*

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>1</u>	APPLICATION (S):	<u>2</u>
PASSPORT TYPE PHOTO (S):	<u>2</u>	TRAVEL ITINERARY:	<u>1-COPY</u>
COMPANY LETTER:	<u>1</u>	INT'L HEALTH CERTIFICATE:	<u>1</u>
COPY OF INVITATION:	<u>N/A</u>	BANK STATEMENT:	<u>N/A</u>
OTHER:	<u>SEE NEXT PAGE FOR MORE DETAILED INSTRUCTIONS.</u>		

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

FEES PER PERSON:

VIP SERVICE FEE:	<u>\$75.00</u>
CONSULATE FEE:	<u> </u>
MONEY ORDER FEE:	<u>\$6.00</u>
OTHER FEES: _____	<u> </u>
*ADD RETURN FEDEX FEE:	<u> </u>
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u> </u>

*FEDEX 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

AVERAGE PROCESSING TIME 15 TO 20 DAYS

COMMENTS: PLEASE DO NOT PURCHASE NON-REFUNDABLE OR NON-CHANGEABLE
AIRLINE TICKETS UNTIL THE VISA HAS BEEN ISSUED AND THE PASSPORT
IS IN HAND.

REVISED: 04-07-2017 (SDL)

Specializing in Visas, Passports, Document Legalization and Translations



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BURUNDI REPUBLIC BUSINESS VISA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) **U.S. PASSPORT** –
 - MINIMUM OF 6 MONTHS REMAINING VALIDITY
 - AT LEAST 1 BLANK VISA PAGE
- 2.) **TWO CURRENT PASSPORT-TYPE PHOTOGRAPHS (2x2)**
- 3.) **TWO COMPLETED APPLICATIONS**
- 4.) **COPY OF TRAVEL ITINERARY**
- 5.) **COMPANY LETTER OF GUARANTEE**
- 6.) **INTERNATIONAL HEALTH CERTIFICATE** SHOWING A CURRENT YELLOW FEVER IMMUNIZATION

- 7.) **CONSULATE FEE:**

<u>SINGLE ENTRY</u>	\$90.00
<u>MULTIPLE ENTRY</u>	\$90.00

VALIDITY: VISAS ARE VALID FOR SINGLE OR MULTIPLE ENTRIES FOR UP TO 90 DAYS AND WILL ALLOW A STAY UP TO 30 DAYS. IF YOU ARE REQUESTING A MULTIPLE ENTRY VISA PLEASE BE SURE TO REQUEST IT ON THE APPLICATION AND IN THE COMPANY LETTER. THE VALIDITY AND DURATION OF STAY OF THE VISA WILL BE BASED ON THE SOLE DISCRETION OF THE VISA OFFICER.

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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!



Embassy of the Republic of Burundi
 2233 Wisconsin Avenue, N.W. suite 408
 Washington, D.C. 20007
 Tel. (202)342-2574, Fax (202)342-2578
<http://www.burundiembassydc-usa.org>



VISA APPLICATION FORM

Name:

Place and Date of Birth:.....

Marital Status:.....

Nationality at Birth:Current Nationality.....

Occupation:.....

Current Mailing Address:.....

Father's Name:.....

Mother's Name:.....

Passport Number or other travel document designation:.....

Issued by:..... Valid until:.....

Address in Burundi:.....

Reason for traveling to Burundi:.....

Length of stay in Burundi:.....Date of entry in Burundi:.....

Number of entries considered by the applicant:.....

Reference in Burundi and phone number.....

Signature of application.....

Applicant's email address

Applicant's contact phone number.....

Reserved to the authority granting the visa

Visa Fee:.....Visa Number..... Issued.....

For the Ambassador: