



# 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](http://www.vippassports.com) Email: [info@vippassports.com](mailto: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 TOURIST VISA**

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) **U.S. PASSPORT** –
  - MINIMUM OF 6 MONTHS REMAINING VALIDITY
  - AT LEAST 1 BLANK VISA PAGE
- 2.) **TWO RECENT PASSPORT-TYPE PHOTOGRAPHS (2x2)**
- 3.) **TWO COMPLETED APPLICATIONS**
- 4.) **COPY OF TRAVEL ITINERARY**
- 5.) **ONE (1) COPY OF INVITATION** – IF VISITING/STAYING WITH FRIENDS AND/OR FAMILY
- 6.) **ONE (1) COPY OF HOTEL CONFIRMATION** – IF ***NOT*** VISITING/STAYING WITH FRIENDS/FAMILY
- 7.) **INTERNATIONAL HEALTH CERTIFICATE** SHOWING A CURRENT YELLOW FEVER IMMUNIZATION

8.) **CONSULATE FEE:**

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

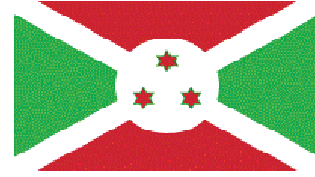
**VALIDITY:** VISAS ARE ISSUED AND VALID FOR SINGLE OR MULTIPLE ENTRIES UP TO 90 DAYS AND WILL ALLOW FOR A STAY UP TO 30 DAYS ON EACH ENTRY. IF YOU ARE REQUESTING A MULTIPLE ENTRY VISA PLEASE BE SURE TO REQUEST IT ON THE APPLICATION AND SEND A COVER LETTER EXPLAINING THE NEED. THE VALIDITY AND DURATION OF STAY OF THE VISA WILL BE ISSUED AT THE SOLE DISCRETION OF THE VISA OFFICER.

REVISED: 4-7-2017 (SDL)

**Specializing in Visas, Passports, Document Legalization and Translations**



**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:**