



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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CAPE VERDE

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (1) ONE PASSPORT-TYPE PHOTOGRAPH (2x2)
- 3.) (1) ONE COMPLETED APPLICATION
(APPLICATION CAN BE COPIED)
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) CONSULATE FEE:
 \$ 59.16 - SINGLE ENTRY VISA
 \$113.76 - MULTIPLE ENTRY VISA

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (1) ONE PASSPORT TYPE-PHOTOGRAPH (2x2)
- 3.) (1) ONE COMPLETED APPLICATION
(APPLICATION CAN BE COPIED)
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) A COMPANY LETTER OF GUARANTEE
- 6.) CONSULATE FEE:
 \$ 59.16 - SINGLE ENTRY VISA
 \$113.76 - MULTIPLE ENTRY VISA

REVISED: 02-12-2012 (KS)



República de Cabo Verde

Embassy of the Republic of Cape Verde
3415 Massachusetts Avenue, N.W.
Washington, D.C. 20007
Tel. (1 202) 965 6820
Fax. (1 202) 965 1207
<http://www.virtualcapeverde.net>

Consulate General of the Republic of Cape Verde
607 Boylston Street - 4th Floor
Boston, Ma 02116
Tel. (1 617) 353-0014
Fax. (1 617) 8599798
Email: cgcvbost@aol.com

DESPACHO
Nome de entidade competente
Função
Assinatura ou rubrica,

PEDIDO DE VISTO
DEMANDE DE VISTA
REQUEST OF VISA

FOTO

RESERVADO AOS SERVICOS – RESERVE AUX SERVICES – OFFICIAL USE ONLY

Reparticao _____	Tipo de visto _____ Data ____/____/____	Vaidade ____/____/____	Numero ____/____
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Nome Completo – Prenom et nom – Name and surname	
Nacionalidade – Nationalité - Nationality	Estado civil – Situation de famille – Marital status
Lugar e data de nascimento – Lieu et date de naissance – Place and date of birth	
Filiação - Parents	
Profissão - Profession	Morada actual – Domicile actuel – Present Address
Referencias em Cabo Verde – References au Cap Vert – References in Cape Verde	
Passaporte No:- Passeport No:- Passport Nr:	Emitido por – Delivre par – Issued by
Data de emissão – Date d'émission – Issue date ____/____/____	Válido ate – Valable jusqu'au – Valid until ____/____/____
Motivo de estadia – Raison de séjour - Purpose of stay	
Data de entrada – Date d'entrée – Date of entry ____/____/____	Requer a prorrogação do visto por mais.....dias Demande la prorogation de vista pourjours Require visa's prorogation for.....days
Data _____/_____/_____ Date	Assinatura Signature