



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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CAPE VERDE TOURIST VISA *U.S. PASSPORT HOLDER*

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>1</u>	APPLICATION (S):	<u>1</u>
PASSPORT TYPE PHOTO (S):	<u>2</u>	ITINERARY/TICKET:	<u>1-COPY</u>
COMPANY LETTER:	<u>N/A</u>	DRIVERS LICENSE:	<u>N/A</u>
OTHER:	_____		

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:	_____
MONEY ORDER FEE:	<u>\$6.00</u>
OTHER FEES:	_____
*ADD RETURN FEDERAL EXPRESS FEE:	_____
TOTAL: (NO PERSONAL CHECKS)	_____

*FEDERAL EXPRESS FEES:

PRIORITY LETTER	\$29.50
2-DAY LETTER	\$23.50
3-DAY LETTER	\$19.50
SATURDAY LETTER	\$41.50
1 ST OVERNIGHT DELIVERY	\$75.00

PROCESSING TIMES:

AVERAGE PROCESSING TIME 3 TO 5 DAYS

COMMENTS: _____

REVISED: 11-2-2017 (JENN)

Specializing in Visas, Passports, Document Legalization and Translations



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CAPE VERDE TOURIST VISA

U.S. PASSPORT HOLDER

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1) **U.S. PASSPORT** (MINIMUM OF 6 MONTHS VALIDITY)
- 2) **TWO (2) PASSPORT TYPE-PHOTOGRAPH** (2x2)
- 3) **ONE (1) COMPLETED APPLICATION** (*APPLICATION CAN BE COPIED*)
- 4) **COPY OF YOUR TRAVEL ITINERARY**
- 5) **CONSULATE FEE:**

NUMBER OF ENTRIES	LENGTH OF VALIDITY	FEE
SINGLE	30 DAYS	\$60.00
MULTIPLE	5 YEARS	\$114.00

SPECIAL NOTE: A U.S. CITIZEN IS EXEMPT FROM NEEDING A VISA IF THEY CAN PROVIDE DOCUMENTATION SHOWING CAPE VERDEAN ANCESTRY (*I.E. – BIRTH CERTIFICATE OF PARENTS AND/OR GRAND PARENTS*), OR PROOF OF MARRIAGE TO A CAPE VERDEAN CITIZEN.

REVISED: 11-2-2017 (JENN)



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