



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__



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

CHAD

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (3) THREE PASSPORT - TYPE PHOTOGRAPHS (2x2)
- 3.) (3) THREE COMPLETE APPLICATIONS
- 4.) A COVER LETTER REQUESTING THE VISA TO BE VALID FOR EITHER THE 30 DAY SINGLE, 90 DAY MULTIPLE OR THE 6 MONTH MULTIPLE ENTRY
- 5.) A COPY OF YOUR TRAVEL ITINERARY
- 6.) CONSULATE FEE:
 - \$100.00 - 30 DAY SINGLE ENTRY (REGULAR PROCESS)
 - \$125.00 - 30 DAY SINGLE ENTRY (24-48 HR PROCESS)
 - \$150.00 - 90 DAY MULTIPLE ENTRY (REGULAR PROCESS)
 - \$175.00 - 90 DAY MULTIPLE ENTRY (24-48 HR PROCESS)
 - \$200.00 - 6 MONTH MULTIPLE ENTRY (REGULAR PROCESS)
 - \$225.00 - 6 MONTH MULTIPLE ENTRY (24-48 HR PROCESS)

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (3) THREE PASSPORT - TYPE PHOTOGRAPHS (2x2)
- 3.) (3) THREE COMPLETE APPLICATIONS
- 4.) A COMPANY LETTER OF GUARANTEE - BE SURE TO REQUEST HOW LONG THE VISA WILL BE VALID FOR EITHER THE 30 DAY SINGLE ENTRY, 90 DAY MULTIPLE OR THE 6 MONTH MULTIPLE ENTRY
- 5.) A COPY OF YOUR TRAVEL ITINERARY
- 6.) CONSULATE FEE:
 - \$100.00 - 30 DAY SINGLE ENTRY (REGULAR PROCESS)
 - \$125.00 - 30 DAY SINGLE ENTRY (24-48 HR PROCESS)
 - \$150.00 - 90 DAY MULTIPLE ENTRY (REGULAR PROCESS)
 - \$175.00 - 90 DAY MULTIPLE ENTRY (24-48 HR PROCESS)
 - \$200.00 - 6 MONTH MULTIPLE ENTRY (REGULAR PROCESS)
 - \$225.00 - 6 MONTH MULTIPLE ENTRY (24-48 HR PROCESS)

VALIDITY: THE VISA ISSUED IS VALID AS REQUESTED IN YOUR LETTER AND THE FEE PAID TO THE CONSULATE. YOU MAY APPLY FOR AN EXTENSION OF YOUR VISA ONCE YOU ARE IN CHAD.

REVISED: 07-21-2011 (KS)

AMBASSADE DU TCHAD
WASHINGTON, DC



DEMANDE DE VISA
(pour un séjour d'un jour à trois mois)

VISA n° _____ /ARTW/ _____

| | | |
|---|--|------------------|
| Nom <i>Name</i> | Attach a recent passport size photograph in this | |
| Prénom <i>First Name</i> | | |
| Date et lieu de naissance <i>Date and place of birth</i> | | |
| Nationalité actuelle <i>Nationalité d'origine</i> | Current citizenship <i>Citizenship at birth</i> | |
| Adresse <i>Address</i> | | |
| Situation de famille <i>Marital status</i> | Nombre d'enfants <i>Number of children</i> | |
| Passeport n° <i>Passport #</i> | délivré le <i>issued on</i> | par <i>by</i> |
| A <i>In</i> | Valable jusqu'au <i>expires on</i> | |
| Profession <i>Profession</i> | | |
| Nom de l'employeur <i>Employer's name</i> | | |
| Motif du voyage <i>Reasons fro trip</i> | | |
| Adresse durant le séjour au TCHAD <i>Address during the stay in CHAD</i> | | |
| Durée du séjour <i>Duration of stay</i> | Date du départ <i>Date of departure</i> | |
| Avez - vous déjà séjourné au TCHAD ? Si oui, où et quand ? <i>Have you been in CHAD ? If yes, when and where ?</i> | | |

Ma signature engage ma responsabilité et m'expose, en sus des poursuites prévues par la loi en cas de fausse déclaration, à me voir refuser tout visa d'entrée au TCHAD à l'avenir.
In signing this form, I commit myself to disclose only true information. I understand that any false statment exposes me, in addition to legal probe under Chadian laws, to being refused any Chadian visa in the future.

Place _____ Date _____

Signature :