

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: vipinfo@vippassports.com



WORK ORDER REQUEST FORM

TRAVELER INFO

TRAVELER NAME

TRAVELER DATE OF BIRTH

DATE OF U.S. DEPARTURE

DATE PASSPORT IS NEEDED

VIP FILE LOCATOR NUMBER

DON'T FORGET
TO FAX OR EMAIL
YOUR DOCUMENTS TO
OUR OFFICE FOR OUR
COMPLIMENTARY
PASSPORT/VISA
PRE-CHECK!

BILLING INFORMATION (CHECK BOX IF SAME AS SHIPPING)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

P.O. OR BILLING REF#:

RETURN SHIPPING INFORMATION (CHECK BOX TO WAIVE SIGNATURE)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

METHOD OF PAYMENT

CREDIT CARD

CARD NUMBER

EXP. DATE

CVV CODE

SIGNATURE OF CARD HOLDER

AUTH. AMOUNT \$_____

MONEY ORDER

CASHIER'S CHECK

COMPANY CHECK

SPECIAL INSTRUCTIONS: _____

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT TRANSLATIONS & LEGALIZATIONS

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DEMOCRATIC REPUBLIC OF CONGO BUSINESS VISA *U.S. PASSPORT HOLDERS ONLY*

DOCUMENTS REQUIRED

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

VALID PASSPORT:	1	APPLICATION (S):	1
PASSPORT TYPE PHOTO (S):	2-COLOR	TRAVEL ITINERARY:	1-COPY
COMPANY LETTER:	1	INT'L HEALTH CERTIFICATE:	1
INVITE NOTARIZED IN DRC:	1		

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

PROCESSING FEES (PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS)	<u>\$95.00</u>
CONSULATE FEE: (SEE NEXT PAGE)	<u> </u>
MONEY ORDER:	<u>\$6.00</u>
OTHER FEES: _____	<u> </u>
RETURN SHIPPING FEE:	<u> </u>
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u> </u>

RETURN SHIPPING FEES (SELECT ONE)	
<input type="checkbox"/> PRIORITY OVERNIGHT	\$35.00
<input type="checkbox"/> 2-DAY LETTER	\$27.50
<input type="checkbox"/> 3-DAY LETTER	\$22.50
<input type="checkbox"/> SATURDAY LETTER	\$49.00
<input type="checkbox"/> 1 ST OVERNIGHT LETTER	\$85.00

REGULAR PROCESS TIME:	10 TO 20 DAYS
PROCESS TIME IS MAY VARY PENDING APPROVAL FROM THE D.R.C. GOVERNMENT.	

COMMENTS: **THE EMBASSY / CONSULATE WILL NOT PROCESS VISA REQUESTS THAT ARE SUBMITTED MORE THAN THREE (3) MONTHS PRIOR TO THE FIRST INTENDED DATE OF ENTRY INTO THE DEMOCRATIC REPUBLIC OF CONGO.**

REVISED 12-5-2018 (JENN)

Specializing in Visas, Passports, Document Legalization and Translations

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DEMOCRATIC REPUBLIC OF THE CONGO BUSINESS VISA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

1.) **SIGNED U.S. PASSPORT**

- MUST HAVE AT LEAST 2 BLANK VISA PAGES AND
- MUST BE VALID FOR AT LEAST 6 MONTHS FROM THE EXPECTED DATE OF DEPARTURE FROM THE D.R.C.

2.) **ONE (1) PASSPORT - TYPE PHOTOGRAPHS (2x2)** - TAKEN IN THE LAST 6 MONTHS

3.) **ONE (1) COMPLETED APPLICATIONS** – COMPLETED IN BLUE OR BLACK INK

4.) **COPY OF ROUND-TRIP AIRLINE TICKETS** OR CONFIRMED TRAVEL ITINERARY

5.) **COMPANY LETTER OF GUARANTEE** - SEE EXAMPLE ON PAGE 6

6.) **COPY OF INVITATION** – MUST MEET FOLLOWING REQUIREMENTS:

- PRINTED ON D.R.C. COMPANY LETTERHEAD
- INCLUDE APPLICANT DETAILS (NAME, ADDRESS, ETC)
- INCLUDE NAME, ADDRESS, PHONE NUMBER FOR CONTACT IN D.R.C.
- NOTARIZED IN THE D.R.C. BY CITY HALL
- LEGALIZED BY MINISTRY OF FOREIGN AFFAIRS OR SUBMITTED WITH A FORMAL DECLARATION OF LIABILITY (ENGAGEMENT DE PRISE EN CHARGE) ISSUED BY THE DIRECTION GENERALE DES MIGRATIONS (DGM)
- MUST BE ACCOMPANIED BY A COPY OF THE INVITER'S I.D.

7.) **COPY OF MOST RECENT BANK STATEMENT**

8.) **COPY OF HOTEL CONFIRMATION**

9.) **INTERNATIONAL HEALTH CERTIFICATE** SHOWING A CURRENT YELLOW FEVER IMMUNIZATION

10.) **CONSULATE FEE:**

NUMBER OF ENTRIES	LENGTH OF VALIDITY	CONSULATE FEE
SINGLE	ONE MONTH	\$175
	TWO MONTHS	\$225
	THREE MONTHS	\$325
	SIX MONTHS	\$425
MULTIPLE	ONE MONTH	\$200
	TWO MONTHS	\$275
	THREE MONTHS	\$375
	SIX MONTHS	\$475

VALIDITY: THE VISA WILL BE VALID FOR SINGLE OR MULTIPLE ENTRIES, WHICHEVER YOU STATE IN YOUR COMPANY LETTER. YOU WILL HAVE (90) NINETY DAYS TO ENTER DEMOCRATIC REPUBLIC OF THE CONGO FROM THE DATE THAT THE VISA WAS ISSUED. THE EMBASSY WILL NOT PROCESS ANY REQUESTS SUBMITTED MORE THAN THREE MONTHS PRIOR TO TRAVEL TO D.R.C.

REVISED: 12-5-2018 (JENN)



FORMULAIRE DE DEMANDE DE VISA / VISA APPLICATION FORM

A. JOINDRE AU PRESENT FORMULAIRE / PLEASE ATTACH TO THIS FORM:

- Passeport en cours de validité (plus de six mois)/A valid passport (more than six months)
- 1 photo d'identité (écrire les noms derrière la photo)/1 Passport photo (write name on the back of the photo)

B. RENSEIGNEMENTS A COMMUNIQUER / INFORMATION TO BE PROVIDED

1. Nom / Name Nom de jeune fille (Maiden Name):
2. Post nom(s) / Middle Name (s):
3. Prénom / First Name:
4. Lieu de naissance (ville)/Place of Birth (city): Pays/Country:
5. Date de naissance/Date of Birth: Nationalité à la naissance/Nationality at Birth:
6. Nationalité actuelle/Current Nationality:
7. Sexe/Gender :
8. Etat Civil (*1) /Marital Status:

- Célibataire/Single Marié/Married Divorcé/Divorced Veuf/Widow(er) Autre/Other

Nom du (ou de la) conjoint(e)/Spouse's Name:

Nationalité du (ou de la) conjoint(e)/Spouse's Nationality:

9. Profession/Profession:

10. Adresse/Address:

Numéros de téléphone/Phone Number: Adresse email/Email Address :

Noms du père/Father's Name: Nationalité du père/Father's Nationality:

Nom de la mère/Mother's Name: Nationalité de la mère/Mother's Nationality:

11. Type de Passeport/Type of Passport:

- Passeport Ordinaire/Ordinary Passport Passeport Diplomatique/Diplomatic Passport

- Passeport de Service/Service Passport Autres types de titre de voyage à spécifier/Other types of travel document, to be specified

12. Numéro du passeport/Passport Number:

Date de délivrance/Date of Issue: Date d'expiration/Date of expiration:

Délivré par/Issued by:

13. Numéro de la carte de séjour (*2) /Residency card number (If Applicable):

Date d'expiration/Date of expiration:

14. Motif du voyage/Purpose of travel:

- Visite familiale or amicale/Family or friend visit Affaires/Business Tourisme/Tourism Journaliste/Journalist
- Mission de service/Service mission Mission officielle/Official mission Études/Studies ONG staff/NGO Staff
- Personnel scientifique/Medical and research staff Opérateur culturel/Cultural operator
- Opérateur sportif/Sport Organization Membre d'une confession religieuse/Clergyman (Priest, Pastor etc...)

Référence du document justifiant le voyage /Travel supporting documents reference

..... Délivré par/Issued by:

15. Lieu de la mission/Place of Mission:

16. Type de visa/type of visa:

Transit a. Aller du/Depart from : au/to

b. Retour du/Return from : au/to

Une seule entrée (point d'accès)/One entry (entry point)

du/from : au/to

Deux entrées (point d'accès)/Two entries (entry point)

du/from : au/to

du/from : au/to

Multiples entrées (*4) (point d'accès)/Multiple entries (entry point)

du/from : au/to

du/from : au/to

Photo d'identité
Passport Photo

Attach jpg photo to email
or bring photos with you
when applying.

1. N° du dernier visa congolais/ Number of last DR Congo Visa granted:

Date de délivrance/Date of Issuance: Date d'expiration/Date of expiration:

2. Noms post noms et prenom des personnes (morales ou physiques qui invitent et qui prennent en charge l'invité/
Full name of persons (individuals or legal entities) inviting or sponsoring the guest

Noms/Names:

Adresse/Address: Numéros de téléphone/Phone Number:

3. Garantie de la prise en charge (*5)/Sponsorship Guarantee

Preuves des moyens de subsistance pour la durée du séjour en RDC pour les personnes qui ne sont pas prises
en charge par une personne morale ou physique/Proofs of financial means to cover expenses during stay in the
DR Congo for travellers that are not sponsored by an individual or legal entity

4. La durée d'attente du visa est de (*6)/Visa processing period is

5. Je reconnais que les renseignements communiqués ci-dessus sont exacts et véridiques. J'accepte qu'en cas de
refus de visa pour une raison quelconque, les frais payés ne sont pas remboursables/ I hereby acknowledge that
the above information is true and I agree that in case of visa refusal for any reason, the fees paid are not
refundable.

Fait à/Signed in Date Signature du requérant /Applicant Signature

SECTION À REMPLIR PAR LA CHANCELLERIE/SECTION TO FILLED OUT BY CHANCERY

N° de la demande de visa/Visa Application Number (*7)	
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Annotation de l'Agent de la Chancellerie/Chancery Officer notes:

Signature du Chancelier/Signature of the Chancellor:

(1*): cocher dans une case/select one choice
(2*): joindre la photocopie du document (titre de séjour à longue durée)/Please attach the copy of the document (long stay document)
(3*): joindre la photocopie du visa de voyage dans le pays de la dernière destination/Please attach a copy of the travel visa for the country of final destination
(4*): mettre les dates envisagées des 1ère et dernière entrées comme celles des 1ère et dernières sorties/Please indicate the planned dates of the 1st and last entries as well as those of 1st and last exits.
(*5): Garantie comme exigée par la DGM/ Guarantee as required by DGM
(*6) est la même que celle accordée au traitement des dossiers des requérants congolais des visas dans la juridiction / Is equal to the one allocated to the handling of files of Congolese visa applicants in the jurisdiction
(*7): N° de la demande de visa est à transcrire par l'Agent de la Chancellerie / The number of the visa application is to be transcribed by the Chancery Officer.
(*8): Indice de l'Ambassade suivi du numéro d'enregistrement au niveau de l'Ambassade/Index of the Embassy followed by the registration number at the Embassy.
Le 3ème espace vide sera le numéro du visa octroyé/The 3rd blank space will be for the number of the visa granted

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EXAMPLE OF A COMPANY LETTER OF GUARANTEE

DO NOT ATTENTION THIS LETTER TO VIP SERVICES!

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.