



# 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\_\_\_\_\_



# 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)

## DEMOCRATIC REPUBLIC OF CONGO TOURIST VISA U.S. PASSPORT HOLDER

### DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>1</u>	APPLICATION (S):	<u>2</u>
PASSPORT TYPE PHOTO (S):	<u>2</u>	TRAVEL ITINERARY:	<u>1-COPY</u>
INT'L HEALTH CERTIFICATE:	<u>1</u>	BANK STATEMENT:	<u>1-COPY</u>
COPY OF INVITATION:	<u>1-NOTARIZED</u>	RELEASE LETTER:	<u>N/A</u>

OTHER: SEE NEXT PAGE FOR MORE DETAILED INSTRUCTIONS.

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

### FEES PER PERSON:

VIP SERVICE FEE: (REGULAR PROCESS)	<u>\$75.00</u>
CONSULATE FEE: (SEE NEXT PAGE)	<u>                    </u>
MONEY ORDER:	<u>\$6.00</u>
OTHER FEES: _____	<u>                    </u>
*ADD RETURN FEDERAL EXPRESS FEE:	<u>                    </u>
<b>TOTAL: (NO PERSONAL CHECKS PLEASE)</b>	<u>                    </u>

#### \*FEDERAL EXPRESS FEES:

PRIORITY LETTER	\$29.00
2-DAY LETTER	\$23.50
3-DAY LETTER	\$19.50
SATURDAY LETTER	\$41.50
1 <sup>st</sup> OVERNIGHT DELIVERY	\$75.00

#### \*\*VISA PROCESSING TIME

REGULAR PROCESSING TIME: 10 TO 15 DAYS

COMMENTS: THE EMBASSY/CONSULATE WILL NOT PROCESS VISA REQUESTS THAT  
ARE SUBMITTED MORE THAN THREE MONTHS PRIOR TO FIRST ENTRY  
INTO THE DEMOCRATIC REPUBLIC OF CONGO

RE VISED: 10-6-2017 (JEN N)

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



# 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)

## **DEMOCRATIC REPUBLIC OF THE CONGO TOURIST 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.) **LETTER OF INVITATION FROM TOURIST AGENCY OR PRIVATE HOST IN D.R.C.** – MUST MEET FOLLOWING REQUIREMENTS:

- 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 DENERALE DES MIGRATIONS (*DGM*)

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

7.) **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: 10-6-2017 (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 subsistances 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)	
-------------------------------------------------------	--

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