



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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DEMOCRATIC REPUBLIC OF THE CONGO

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (2) TWO PASSPORT - TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS
- 4.) A COPY OF YOUR ROUND TRIP AIRLINE TICKETS OR CONFIRMED TRAVEL ITINERARY
- 5.) YOUR INTERNATIONAL HEALTH CERTIFICATE SHOWING A CURRENT YELLOW FEVER IMMUNIZATION
- 6.) COPY OF YOUR MOST CURRENT BANK STATEMENT
- 7.) CONSULATE FEE:
 - \$115.00 - 30 DAY SINGLE ENTRY
 - \$155.00 - 30 DAY MULTIPLE ENTRY
 - \$150.00 - 60 DAY SINGLE ENTRY
 - \$200.00 - 60 DAY MULTIPLE ENTRY
 - \$200.00 - 90 DAY SINGLE ENTRY
 - \$250.00 - 90 DAY MULTIPLE ENTRY
 - \$300.00 - 6 MONTH SINGLE ENTRY
 - \$400.00 - 6 MONTH MULTIPLE ENTRY

RUSH PROCESS: WHEN REQUESTING THE VISA TO BE ISSUED ON A RUSH PROCESS THE CONSULATE CHARGES **DOUBLE THE CONSULATE FEE** FROM THE LIST ABOVE

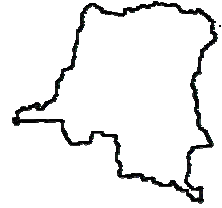
VALIDITY: THE VISA WILL BE VALID FOR SINGLE OR MULTIPLE ENTRIES, WHICHEVER YOU STATE IN YOUR COMPANY LETTER. YOU WILL HAVE (90) NINETY DAYS TO ENTER DEMOCRATIC REPUBLIC OF THE CONGO FROM THE DATE THAT THE VISA WAS ISSUED.

REVISED: 04-23-2012 (KS-EM)



EMBASSY OF THE DEMOCRATIC REPUBLIC OF THE CONGO

1726 M Street. NW
 Suite 601
 Washington, DC 20036
 Phone: (202) 234-7690/91
 Fax: (202) 234-2609



VISA APPLICATION FOR SHORT STAY

DO NOT WRITE IN THIS SPACE. FOR EMBASSY USE ONLY.

Documents verification: <input type="checkbox"/> 6+ month valid passport <input type="checkbox"/> Residence card <input type="checkbox"/> Vaccination Certificate <input type="checkbox"/> Airline ticket <input type="checkbox"/> Company letter <input type="checkbox"/> Invitation	<input type="checkbox"/> Issued	M/S	M/M	2M/S	2M/M	3M/S	3M/M	6M/S	6M/M
	<input type="checkbox"/> Denied	Done by:							
	Date: / /	Verified by:							
	Notes:								

PLEASE PRINT OR TYPE IN THE SPACES PROVIDED BELOW

1. Passport number		2. Issuing authority		3. Issuance date (day/month/year) / /		4. Expiration date (day/month/year) / / 20	
5. Names (as in passport): First		Middle		Last		Others	
6. Place of birth City and state		Country		7. Date of Birth (day/month/year) / /		8. Nationality (origin)	
9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		10. Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					
11. Spouse's information (even if separated or divorced): First name		Last name		Date (dd, mm, yyyy) and place of birth / /		Nationality	
12. Present address (street, city, province or state, postal code, country)						13. Duration at this address Years Months	
14. Telephone numbers Home		Fax		Business		Business fax	
14. Telephone numbers Home		Fax		Business		Business fax	
15. Name of employer or school		16. Present address of employer or school (street, city, province or state, postal code, country)					
17. Telephone		18. Fax		19. Present occupation / profession			
20. Names of the person in the DRC* who you will be staying with. First		Last		Other		Relationship	
21. Hotel name (if applicable):		22. Address in the DRC* (street, city, province or state)					
23. Telephone numbers Home		Fax		Business		Mobile	

24. Purpose of current trip to the DRC*	25. Length of stay in the DRC* (in days)	26. When do you intend to arrive in the DRC*? / / 20
27. Have you ever been in the DRC*? (start with your latest trip and continue on the bottom of this page or use additional pages if needed)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	For how long? Port of entry
28. Father's information		
First name	Last name	Middle name or other Nationality
29. Mother's information		
First name	Last name	Middle name or other Nationality
I certify that I have read and understood all the questions in this application and the answers I have provided are true and correct to the best of my knowledge. I understand that any false statement may result in the denial of a visa or denial of entry into the Democratic Republic of the Congo		
Please type or print your names, date of birth and passport numbers again:		
First Name	Last Name	Today's date (day/month/year) / / 20
Applicant's signature:		Passport number:

(*) DRC: Democratic Republic of the Congo

Please write in the space below any additional information that could not fit in the space provided on the form.
Make sure you write the number of the information you are referring to. Use additional pages as needed.