



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__

Specializing in Visas, Passports, Document Legalization and Translations



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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.) AN INVITATION OR HOTEL CONFIRMATION-THE INVITATION LETTER MUST BE TYPEWRITTEN AND NOTARIZED IN THE REPUBLIC OF CONGO, STATING:
 - THE NATURE OF THE TRIP
 - THE NAME AND ADDRESS OF A REFERENCE TO BE VISITED IN THE REPUBLIC OF CONGO
 - THIS MUST BE ADDRESSED TO THE EMBASSY OF THE REPUBLIC OF CONGO, VISA SECTION
- 5.) A COPY OF YOUR TRAVEL ITINERARY
- 6.) INT'L HEALTH CERTIFICATE (FOR YELLOW FEVER)
- 7.) CONSULATE FEE: \$120.00

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS
- 4.) A COMPANY LETTER OF GUARANTEE STATING:
 - NAME AND ADDRESS OF REFERENCE TO BE VISITED, GUARANTEE OF SUFFICIENT FUNDS AND RETURN TRANSPORTATION. THE LETTER SHOULD BE ADDRESSED TO:
THE EMBASSY OF THE REPUBLIC OF CONGO
VISA SECTION
- 5.) A COPY OF YOUR TRAVEL ITINERARY
- 6.) INT'L HEALTH CERTIFICATE (FOR YELLOW FEVER)
- 7.) CONSULATE FEE: \$120.00

VALIDITY: TOURIST VISAS ARE NORMALLY ISSUED A SINGLE ENTRY VISA VALID FOR THE SPECIFIC DATES AS REQUESTED ON THE APPLICATION (UP TO ONE MONTH). BUSINESS VISAS ARE NORMALLY ISSUED A MULTIPLE VISA VALID FOR UP TO (3) THREE MONTHS FROM THE DATE OF ISSUE FOR A STAY UP TO (30) THIRTY DAYS PER ENTRY. THE VALIDITY OF THE VISA IS ISSUED AT THE DISCRETION OF THE CONSULATE.

REVISED: 03-08-2012 (KS-IM)



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EXAMPLE OF A COMPANY LETTER OF GUARANTEE

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.
DO NOT ATTENTION THIS LETTER TO VIP SERVICES!

23. Avez-vous déjà habité le Congo pendant plus de 3 mois? <input type="checkbox"/> OUI(yes) <input type="checkbox"/> NON(no) <i>Have you ever lived in the Congo for more than 3 months?</i>	
24. A quelle(s) date(s)? <i>On which date(s)?</i>	
25. Date d'arrivée et lieu d'entrée <i>Date of arrival and port of entry</i>	26. Date de départ et lieu de sortie <i>Date of departure and port of exit</i>
27. Indications de vos adresses exactes durant votre séjour <i>Indication of your exact addresses during your last stay in Congo</i>	
28. Comptez-vous installer un commerce ou une industrie au Congo? <input type="checkbox"/> OUI(yes) <input type="checkbox"/> NON(no) <i>Do you intend to set up a firm or manufacturing unit in Congo?</i>	
29. Où comptez-vous vous rendre en quittant le Congo? <i>Where do you intend to go when leaving the Congo?</i>	

Ma signature engage ma responsabilité et m'expose aux poursuites prévues par la loi en cas de fausse déclaration et à me voir refuser tout visa à l'avenir.

I hereby certify to the truth of all the above, I realize that any false statement renders me liable to legal suit, and that I may be denied any visa in the future.

Lieu et date <i>Place and date</i>	Signature (Pour les mineurs, signature de l'un des parents/du tuteur légal) <i>(For minors, signature of one of the parents/legal guardian)</i>
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OFFICIAL USE ONLY

AVIS ADMINISTRATIF

Fac-similé du visa apposé sur le passeport de l'intéressé

Visa n°.....

Pour permettre à Mr.....

De nationalité..... titulaire du present passeport de séjourner en

République du Congo pour une période de

Allant du au

WASHINGTON DC, LE