



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)

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