



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: _____

RESERVATION NUMBER: _____

SPECIAL INSTRUCTIONS: _____



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VISA INSTRUCTION SHEET

APPLICATION (S) REQUESTED FOR: COTE de IVOIRE (IVORY COAST)-BUSINESS

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>
COMPANY LETTER:	<u>1</u>	HOTEL CONFIRMATION:	<u>1-COPY</u>
INT'L HEALTH CERTIFICATE:	<u>1</u>	INVITATION:	<u>1-COPY</u>

OTHER: PLEASE 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:	<u>\$150.00</u>
MONEY ORDER:	<u>\$3.00</u>
OTHER FEES: _____	_____
*ADD RETURN FEDERAL EXPRESS FEE:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

*FEDERAL EXPRESS FEES:

PRIORITY LETTER	\$29.00
2-DAY LETTER	\$23.50
3-DAY LETTER	\$19.50
SATURDAY LETTER	\$41.50

**VISA PROCESSING TIME

REGULAR PROCESSING TIME: 4-7 DAYS

COMMENTS: _____

REVISED: 01-01-2012 (KS)

Specializing in Visas, Passports, Document Legalization and Translations



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COTE de IVOIRE (IVORY COAST)

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-THE EMBASSY WANTS THE APPLICATION TO BE PRINTED FRONT AND BACK ON ONE PIECE OF PAPER (DOUBLE SIDED)
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) HOTEL CONFIRMATION (**SEE NOTES BELOW**)
- 6.) INVITATION-IF STAYING WITH FAMILY/FRIEND
- 7.) INTERNATIONAL HEALTH CERTIFICATE SHOWING YELLOW FEVER VACCINATION
- 8.) CONSULATE FEES: \$150.00

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS-THE EMBASSY WANTS THE APPLICATION TO BE PRINTED FRONT AND BACK ON ONE PIECE OF PAPER (DOUBLE SIDED)
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) HOTEL CONFIRMATION (**SEE NOTES BELOW**)
- 6.) INVITATION FROM THE SPONSORING COMPANY
- 7.) INTERNATIONAL HEALTH CERTIFICATE SHOWING YELLOW FEVER VACCINATION
- 8.) A COMPANY LETTER OF GUARANTEE
- 9.) CONSULATE FEES: \$150.00

VALIDITY: MULTIPLE ENTRY VISAS ARE VALID FOR (3) THREE MONTHS FROM DATE OF ISSUE AND YOU CAN STAY UP TO (3) THREE MONTHS.

NOTES: IF YOU ARE TRAVELING ON BUSINESS OR AS A TOURIST AND YOU DO NOT HAVE AN INVITATION THE EMBASSY WILL ACCEPT A HOTEL CONFIRMATION IN ITS PLACE.

REVISED: 01-27-2010 (SDL)



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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!**

**AMBASSADE DE COTE D'IVOIRE
AUX ETATS-UNIS D'AMERIQUE**

Section Consulaire de:

**DEMANDE POUR UN VISA
DE UN JOUR A TROIS MOIS**

à remplir très lisiblement
To be legibly filled out

Nom: _____

(En capitales)
Family name (Print)

Née: _____

(Nom de jeune fille)
Maiden Name

Prénoms: _____

(En minuscules)
First and middle names

Né le _____ à _____
(Date of Birth) (Place of Birth)

Nationalité (nationality) { d'origine: _____
(of origin)
actuelle: _____
(present)
naturalisé le _____
naturalised on (date)

Situation de famille: _____ Enfants: Nombre: _____ âge: _____
Family status (single, married, divorced, etc.) Children: number (age)

Domicile habituel: _____
(permanent residence)

Résidence actuelle: (Adresse exacte) _____
Present residence (exact address)

Profession: _____ Téléphone: _____
Occupation Phone No.

Situation militaire: _____
Military status

Nature et durée du visa sollicité:
(La cadre ci-contre doit être rempli par le
demandeur qui rayera les mentions inutiles.)

Nature and length of visa requested:
(This box must be filled in by applicant
who will cross out the lines not pertaining
to his application.)

Séjour de: _____
Duration of Stay: _____

N° _____
Photographie
Photograph
Passeport n° _____
(Passport #)
délivré le _____
(Date of issue)
par _____
(Place of Issue)
valable jusqu'au _____
(Valid Until)
Carte d'identité
(Card of identity)
Nature: _____
n° _____
(#)
délivrée le _____
(Date of issue)
par _____
(by whom)
valable jusqu'au _____
(date of expiration)

MOTIFS détaillés du voyage: _____
Reasons for traveling (in detail)

Avez-vous déjà habité la Côte d'Ivoire pendant plus de trois mois sans interruption? _____
Have you already made an uninterrupted stay of more than three months in Ivory Coast?

Précisez à quelle date: _____
Give exact date

Indiquez avec précision les noms et les adresses (rue et n°) des commerçants ou des industriels que vous désirez rencontrer
s'il s'agit d'un voyage d'affaires: _____
Give exact names and addresses (street and no.) of businessmen or manufacturers you wish to see if this is a business trip

Attaches familiales en Côte d'Ivoire (Adresses exactes: rue et n° _____
Any relatives in Ivory Coast (exact addresses: street and no.) _____

Références en Côte d'Ivoire (Nom et adresse): _____
References in Ivory Coast (exact name and address) _____

Références aux Etats-Unis: (Adresses exactes, rue et n°) _____
References in U.S.A.: (exact addresses: street and no.) _____

Indication précise du lieu d'entrée en Côte d'Ivoire? _____ Date _____
Specify place of arrival in Ivory Coast

Indication de vos adresses exactes (rue et numéro) en Côte d'Ivoire pendant que vous y séjournez: _____
Specify your correct address (street and no.) during your stay in the Ivory Coast.

Comptez-vous installer en Côte d'Ivoire un commerce ou une industrie? _____
Do you intend to establish a business or industry in Ivory Coast?

Où comptez-vous vous rendre en sortant de Côte d'Ivoire? _____
Where do you expect to go when leaving Ivory Coast?

Vous engagez-vous à n'accepter aucun emploi rémunéré ou au pair durant votre séjour en Côte d'Ivoire, à ne pas chercher à vous y installer définitivement et à quitter le territoire Ivoirien à l'expiration du visa qui vous sera éventuellement accordé?

Do you agree not to accept any employment, either at a salary or for room and board during your stay in Ivory Coast: not to seek to remain in Ivory Coast permanently and to leave Ivory Coast territory at the expiration of the visa which may be granted you?

Ma signature engage ma responsabilité et m'expose, en sus de poursuites prévues par la loi en cas de FAUSSE déclaration, à me voir REFUSER TOUT VISA A L'AVENIR.

My signature renders me responsible, and in case of any false statements, in addition to any penalties imposed by law, I understand that I may be refused any Ivory Coast visa in the future.

A _____, le _____ 19____
At: _____, the _____ (date)

Signature:
(signature of passport holder)

POUR L'USAGE DU BUREAU SEULEMENT
For office use only
REPUBLIQUE DE CÔTE D'IVOIRE,
AMBASSADE DE CÔTE D'IVOIRE,
SECTION CONSULAIRE DE WASHINGTON

NOM _____
PRÉNOMS _____
NO. VISA _____
NATURE DU VISA _____
VALABLE POUR _____ VOYAGE _____
UTILISABLE JUSQU' AU _____
POUR UN SÉJOUR DE _____
A COMPTER DU _____

AVIS IMPORTANT
IL EST INTERDIT AU TITULAIRE DU PRÉSENT
VISA DE S'INSTALLER EN RÉPUBLIQUE DE
CÔTE D'IVOIRE OU D'Y EXERCER UNE
ACTIVITÉ AUTRE QUE CELLE QU'IL A
DÉCLARÉ Y VENIR EXERCER.
WASHINGTON, LE _____

P. L'AMBASSADEUR P.O.