

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:	RETURN DOCUMENTS TO:
CONTACT:	CONTACT:
COMPANY:	COMPANY:
ADDRESS:	ADDRESS:
CITY/ST:	CITY/ST:
PHONE:	PHONE:
CELL:	CELL:
FAX:	FAX:
EMAIL:	EMAIL:
CREDIT CARD INFORMATION:	BILLING INSTRUCTIONS:
CARD#:	YOUR P.O. OR REF#:
EXP. DATE: CVV#:	
SIGNATURE OF CARD HOLDER REQUIRED:	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 NUME	BER:
SPECIAL INSTRUCTIONS:	
HOW DID YOU HEA	AD AROUT VID2
HOW DID YOU HEA	AR ADOUT 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 Email: info@vippassports.com

EQUATORIAL GUINEA TOURIST VISA

NON-U.S. PASSPORT HOLDER

DOCUMENTS DECILIDED

<u>DOCUMENTS REQUIRED</u> :							
	1-COP 1-COP 1-COP	Y ENTRY AUTHORIZATI	ON: - CK of Your				
PLEASE FORWARD THIS		D ALL THE ABOVE REQUIRED	MENTS TO T	THE ABOVE			
FEES PER PERSON:							
VIP SERVICE FEE:	(REGULAR I	PROCESS)	\$95.00				
CONSULATE FEE:							
MONEY ORDER:		\$6.00					
** SPECIAL HANDLING FEE: (LESS THAN 4 DAYS RUSH)							
OTHER FEES:							
	DEDAL EVDD	ECC EEE.					
*ADD RETURN FEDERAL EXPRESS FEE: TOTAL: (NO DEDSONAL CHECKS DIFASE)							
TOTAL: (NO PERSONAL CHECKS PLEASE)							
*FEDERAL EXPRESS FE	ES:	** <u>VISA PROCESSIN</u>	G TIME				
PRIORITY LETTER	\$29.00	REGULAR PROCESSSING TIME	ME: <u>5 T0 7</u>	DAYS			
2-DAY LETTER	\$23.50	PLEASE MARK THE APPROPRIATE BOX IF YOU WANT VIP TO REQUEST TO HAVE THE VISA ISSUED WITHIN 4 DAYS OR LESS FROM THE DAY THAT WE SUBMIT YOUR APPLICATION (\$20.00 SPECIAL HANDLING					
3-DAY LETTER	\$19.50			E SUBMIT			
SATURDAY LETTER	\$41.50	YOUR APPLICATION (\$20.00 FEE).	SPECIAL	HANDLING			
1 ST OVERNIGHT DELIVERY	\$75.00						
COMMENTS:		!					

REVISED: 6-27-2016 (JENN)



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EQUATORIAL GUINEA TOURIST VISA

PLEASE SUBMIT THE FOLLOWING REQUIRED DOCUMENTS

1.) VALID SIGNED PASSPORT

- MINIMUM OF 6 MONTHS VALIDITY
- TRAVEL DOCUMENTS ARE NOT ACCEPTED BY EMBASSY/CONSULATE
- 2.) TWO (2) COMPLETED VISA APPLICATIONS
- 3.) TWO (2) PASSPORT TYPE PHOTOS
- 4.) COPY OF TRAVEL ITINERARY
- **5.)** COPY OF THE ENTRY AUTHORIZATION ISSUED BY THE SAFETY DEPARTMENT IN EQUATORIAL GUINEA
- **6.)** <u>COPY OF INVITATION LETTER MUST BE ISSUED BY THE E.G.</u> GOVERNMENT, PRIVATE COMPANY, OR INDIVIDUAL
- 7.) **PROOF OF U.S. STATUS** PLEASE SUBMIT *ONE* OF THE FOLLOWING
 - COPY OF THE FRONT AND BACK OF YOUR GREEN CARD
 - ORIGINAL U.S. VISA AND I-94 (VISIT https://i94.cbp.dhs.gov/)
- 8.) COPY OF HOTEL CONFIRMATION (WHEN APPLICABLE)
- 9.) <u>COPY OF MOST RECENT BANK STATEMENT</u>
 - MUST SHOW PROOF OF FUNDS AVAILABLE IS A MINIMUM OF \$2,000 FOR EACH MONTH IN E.G.
- 10.) POLICE CLEARANCE LETTER
- **11.)** <u>CONSULATE FEES</u>: \$200.00 REGULAR PROCESSING \$250.00 RUSH PROCESSING

PROCESSING TIME: IF THE VISA IS ISSUED FOR A SINGLE ENTRY OR A MULTIPLE ENTRY IS DETERMINED BY THE VISA OFFICER ON A CASE BY CASE SITUATION. THE CONSULATE RECOMMENDS THAT THE APPLICANT SHOULD NOT PURCHASE A NON-REFUNDABLE OR NON-CHANGEABLE AIRLINE TICKET UNTIL THE VISA IS ISSUED AND THE PASSPORT IS IN-HAND.

NOTE: TRAVELER MUST ENTER WITHIN 60 DAYS FROM THE DATE OF ISSUANCE.

REVISED: 6-27-2016 (JENN)





EMBASSY OF EQUATORIAL GUINEA UNITED STATES OF AMERICA

VISA APPLICATION FORM

1. LAST NAME:
2. FIRST NAME:
3. GENDER: M F 4. AGE
5. BIRTH DATE:
6. PLACE OF BIRTH:
7. COUNTRY OF BIRTH:
8. CURRENT NATIONALITY:
9. MARITAL STATUS:
10.TYPE OF PASSPORT:
11.PASSPORT NUMBER:
12.DATE OF ISSUE:
13.DATE OF EXPIRATION:
14.CURRENT ADDRESS:
15.CITY: 14. COUNTRY:
15.CONTACT NUMBERS://
E-MAIL:
16.PROFESSION:
17.OCUPATION/POSTITION:
18.EMPLOYER:
19.EMPLOYER ADDRESS AND CONTACT NO:
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21. SPECIFY PURPOSE OF YOUR TR		
- A-4 T	Our policy and	
Aug Till I		
22 POINT OF CONTACT IN E.C.	Y - V	h,
23.POINT OF CONTACT IN E.G: 24.NAME:	25. TELEPHONE:	
24.NAME: 25.INSTITUTION:		
26 INTENDED DATE OF ENITOVINI		
26.INTENDED DATE OF ENTRY IN E	RE IN E.G:	
	OM E.G:	
29.ADDRESS DURING YOUR STAY:		
	VISA MULTIPLE ENTRY VISA	
31.REQUESTIN A 30 DAY VISA 6		
	107	
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