



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: _____

<u>VISA PROCESSING</u>	<u>AND</u>	<u>CONSULATE FEES:</u>
<u>LIST COUNTRIES</u>	<u>AND</u>	<u>CONSULATE FEES:</u>
_____	-	\$ _____
_____	-	\$ _____
_____	-	\$ _____

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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GAMBIA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 1 YEAR VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (1) ONE COMPLETED APPLICATION FORMS
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) CONSULATE FEE:
 \$100.00 (4 TO 7 DAY PROCESS)
 \$150.00 (48 TO 72 HOUR RUSH)

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 1 YEAR VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPH (2x2)
- 3.) (1) ONE COMPLETED APPLICATION FORMS
- 4.) A COMPANY LETTER OF GUARANTEE
- 5.) A COPY OF YOUR TRAVEL ITINERARY
- 6.) CONSULATE FEE:
 \$100.00 (4 TO 7 DAY PROCESS)
 \$150.00 (48 TO 72 HOUR RUSH)

REVISED: 03-30-2011 (KS)



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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!



Permanent Mission Of The Gambia To The United Nations
800 Second avenue Suite 400F, New York, NY 10017
Tel: (212) 949-6640 Fax: (212) 856-9820
E-Mail: info@gambiamissionun.org / gambia@un.int

Application Form for Entry Visa

Last Name _____		Official Use Only
First Name _____		
Initial _____		
Date Of Birth _____		Receiving Officer
Place Of Birth _____		Name _____
Nationality at Birth _____		Date _____
Current Nationality _____		Mode of Receipt
Profession/Occupation _____		
Present Address		<input type="checkbox"/> Visa service
Address _____		<input type="checkbox"/> Registered Mail
City _____ State _____ Zip Code _____		<input type="checkbox"/> Ordinary mail
Country _____		<input type="checkbox"/> in person
Phone Number _____		Handling Officer
Name and Nationality of :		
Father's Name _____ Nationality _____		Name _____
Mother's Name _____ Nationality _____		Action Taken:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		<input type="checkbox"/> Approved
Purpose of visit: <input type="checkbox"/> Official <input type="checkbox"/> Business <input type="checkbox"/> Tourism		<input type="checkbox"/> Refused
Duration of visit _____		<input type="checkbox"/> Rejected
Address In The Gambia		Signature _____
Address _____		Visa No. _____
City _____		Date out _____
Passport Number _____		Visa Type/No
Date of expiration _____		
Date of issue _____		
Place of Issue _____		

Previous visits to The Gambia _____

Date of Entry _____

Date of Exit _____

References In The Gambia:

A: Name _____
Address _____
City _____

B Name _____
Address _____
City _____

Emergency Address and Phone Number

Name _____
Address _____
City _____

Phone Number _____

Method of financial transaction

Credit card Dollars Dallasis

Request Hotel and other information enclosed Yes No

I attest that all the information provides on this application is accurate to the best of my ability.
I understand that i could be denied a visa to enter The Gambia if the information is found to be incorrect

Signature _____ Date _____

Print Name _____

Reset Form

Print Form

VISA APPLICATION REQUIREMENTS

1. Send your Valid Passport
2. Two passport-size photographs.
3. Completed and signed application form.
4. A non refundable application fee of \$100.00 in money order only, payable to the Embassy of The Gambia.
5. Pre-paid self-addressed envelope (It is recommended that FEDEX, Certified Mail or UPS be used).
6. Personal or telephonic interview may be required.
7. Regular Visa processing time 3 - 4 days.

VISA PICK UP HOURS

Monday - Thursday - 11:00 AM to 3:00 PM
Express Service available for an additional fee of \$50.00.

Note:

Express Service/same day issuance of VISA is also available for a FEE of \$150.00 (in money order form)
For the express services, please not that visas will be issued 2 (two) hours after submission of your application
between 11:00am and 12:00pm - Monday to Thursday & between 11:00am and 12:30pm on Fridays

