



# 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](http://www.vippassports.com) Email: [info@vippassports.com](mailto:info@vippassports.com)

## WORK ORDER REQUEST FORM

**(RETURN THIS FORM WITH EACH REQUEST)**

### BILLING INFORMATION:

CONTACT: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ST: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### RETURN DOCUMENTS TO:

CONTACT: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ST: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### CREDIT CARD INFORMATION:

CARD#: \_\_\_\_\_  
EXP. DATE: \_\_\_\_\_ CVV#: \_\_\_\_\_

**SIGNATURE OF CARD HOLDER  
REQUIRED:** \_\_\_\_\_

### BILLING INSTRUCTIONS:

YOUR P.O. OR REF#: \_\_\_\_\_

**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 NUMBER: \_\_\_\_\_

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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## 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)



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

