



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

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_____



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GHANA TOURIST VISA NON-U.S. PASSPORT HOLDER

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>
CURRENT BANK STATEMENT:	<u>1</u>	U.S. STATUS:	<u>1</u>

OTHER: SEE NEXT PAGE FOR 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>\$95.00</u>
CONSULATE FEE: (SEE NEXT PAGE)	<u> </u>
MONEY ORDER:	<u>\$6.00</u>
** <input type="checkbox"/> SPECIAL HANDLING FEE: (SAME DAY PROCESS)	<u> </u>
** <input type="checkbox"/> SPECIAL HANDLING FEE: (48 TO 72 HOUR RUSH PROCESS)	<u> </u>
*ADD RETURN FEDERAL EXPRESS FEE:	<u> </u>
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u> </u>

*FEDERAL EXPRESS FEES:

PRIORITY LETTER	\$29.00
2-DAY LETTER	\$23.50
3-DAY LETTER	\$19.50
SATURDAY LETTER	\$41.50
1 ST OVERNIGHT DELIVERY	\$75.00

**VISA PROCESSING TIME

REGULAR PROCESSING TIME: 15 TO 20 DAYS

PLEASE MARK THE APPROPRIATE BOX IF YOU NEED TO HAVE THE VISA ISSUED THE SAME DAY THAT WE SUBMIT YOUR APPLICATION (\$50.00 SPECIAL HANDLING) OR HAVE THE VISA ISSUED WITHIN 48 TO 72 HOURS (\$20.00 SPECIAL HANDLING FEE).

COMMENTS: IN THE EVENT YOU ARE REQUESTING SPECIAL HANDLING, PLEASE SEND YOUR PACKAGE BY AN OVERNIGHT COURIER THAT OFFERS AN 8:00 A.M. EARLY MORNING DELIVERY. **THE CONSULATE DOES NOT ACCEPT APPLICATIONS ON FRIDAY'S.

REVISED: 1-7-2016* (JENN)



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GHANA TOURIST VISA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) **SIGNED PASSPORT WITH:**
 - ❖ A MINIMUM OF 6 MONTHS REMAINING VALIDITY
 - ❖ ONE BLANK VISA PAGE
- 2.) **TWO (2) SIZE 2X2 PASSPORT-TYPE PHOTOGRAPHS**
 - ❖ MUST BE TAKEN WITHIN THREE (3) MONTHS FROM THE DATE OF SUBMITTING YOUR VISA APPLICATION
- 3.) **TWO (2) COMPLETED AND SIGNED VISA APPLICATIONS**
SPECIAL NOTE: BE SURE TO LIST THE PHONE NUMBER ALONG WITH YOUR CONTACT INFORMATION ON QUESTION NUMBER 7 OR IT MAY CAUSE A DELAY IN PROCESSING YOUR APPLICATION.
- 4.) **COPY OF ROUND TRIP AIRLINE TICKETS** OR TRAVEL ITINERARY
- 5.) **COPY OF CURRENT BANK STATEMENT**
- 6.) **PROOF OF U.S. STATUS:** (*PLEASE SUBMIT ONE OF THE FOLLOWING*)
 - ❖ FRONT AND BACK COPY OF YOUR U.S. GREEN CARD
 - ❖ ORIGINAL I-94 (www.cbp.gov/i94) AND U.S. VISA

VALIDITY	CONSULATE FEE
SINGLE ENTRY - REGULAR PROCESS	\$60.00
SINGLE ENTRY - RUSH PROCESS	\$100.00
MULTIPLE ENTRY - REGULAR PROCESS	\$100.00
MULTIPLE ENTRY - RUSH PROCESS	\$200.00

VALIDITY: THE VISA VALIDITY WILL RANGE FROM A (90) NINETY-DAY SINGLE ENTRY TO A (3) YEAR MULTIPLE ENTRY. THE LENGTH OF VALIDITY IS DETERMINED BY THE VISA OFFICER ON AN INDIVIDUAL BASIS.

IMPORTANT: IN ACCORDANCE WITH INTERNATIONAL SANITARY REGULATIONS ALL PERSONS ENTERING GHANA ARE REQUESTED TO HAVE A VALID CERTIFICATE OF IMMUNIZATION AGAINST YELLOW FEVER UPON ARRIVAL.

REVISED: 4-27-2015 (JENN)

For Official Use

Visa No.: _____
 Type of Visa: _____
 Date of Issue: _____
 Charges: _____
 Issuing Officer: _____

Please check applicable box

- Single Entry - \$60.00
- Multiple Entries - \$100.00
- Single Entry (Rush) - \$100.00
- Multiple Entries (Rush) \$200.00

**(Pay by money order.
 Personal checks are not accepted)
 (Don't mail cash)**

Affix passport
 Picture here

Application for Ghana Entry Permit/Visa

Embassy of Ghana, 3512 International Drive NW - Washington DC 20008

Website: www.ghanaembassy.org Tel: (202) 686-4520

INSTRUCTIONS:

1. This form must be completed in **duplicate** and in *capital letters* and submitted **(together with two(2)** recent passport-size pictures) at least Fourteen (14) days before the intended date of departure.
2. Full names and addresses of references/hotel (place of stay) in Ghana should be stated (including telephone numbers, if available).
3. Any information stated on the form and subsequently found to be incorrect may render entry permit/visa void.
4. Applicants applying by post/mail should provide trackable return self-addressed envelopes.

1. (a) Surname: _____ First Name (s): _____
 Previous Name (if applicable) _____
 (b) Date of Birth: _____ (c) Place of Birth: _____
 (d) Nationality: _____ (e) Former Nationality (if any) _____
 (f) Passport No.: _____ (g) Date of Issue: _____
 (h) Place of Issue: _____ (i) Date of Expiry: _____
2. Profession/Occupation: _____
3. (a) Business Address & Tel. No. in the U.S.A: _____

 (b) Residential Address & Tel. No. in the U.S.A: _____

4. Proposed date of departure for Ghana: _____
5. (a) Traveling by: Air Sea Land
 (b) Is applicant in possession of return ticket? _____ Ticket No.: _____
 (c) Amount of Money Applicant is traveling with _____
6. Purpose of Journey: Business Tourism Employment Official Student Transit
7. Names, Addresses and Telephone Numbers of Two (2) references or place of residence in Ghana/Name(s) of Hotel: (very important)
 (i) _____

 (ii) _____

8. If for employment, name and address of employer in Ghana _____

9. Duration of stay in Ghana: _____
10. Date of last visit to Ghana: _____
11. Applicant's signature: _____ Date of application: _____

NB: PLEASE ENSURE YOU ENCLOSE YOUR PASSPORT WITH YOUR APPLICATION