



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#: _____

AUTHORIZED AMOUNT TO CHARGE MY
CREDIT CARD: US\$ _____

CREDIT CARD INFORMATION:

TYPE OF CARD: _____
CARD #: _____
EXPIRATION DATE: _____

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: _____

SPECIAL INSTRUCTIONS: _____



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GUINEA-BISSAU

PLEASE SUBMIT THE FOLLOWING REQUIRED DOCUMENTS

TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS REMAINING VALIDITY)
- 2.) (1) ONE PASSPORT TYPE PHOTOGRAPH (2X2)
- 3.) (1) ONE COMPLETED VISA APPLICATION (APPLICATION CAN BE COPIED)
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) INTERNATIONAL HEALTH CERTIFICATE SHOWING INOCULATION FOR YELLOW FEVER.
- 6.) CONSULATE FEE: \$65.00

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS REMAINING VALIDITY)
- 2.) (1) ONE PASSPORT TYPE PHOTOGRAPH (2X2)
- 3.) (1) ONE COMPLETED VISA APPLICATION (APPLICATION CAN BE COPIED)
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) A COMPANY LETTER OF GUARANTEE
- 6.) INTERNATIONAL HEALTH CERTIFICATE SHOWING INOCULATION FOR YELLOW FEVER.
- 7.) CONSULATE FEE: \$65.00

VALIDITY: VISAS ARE VALID FOR MULTIPLE ENTRIES FOR 1 YEAR FROM THE DATE OF ISSUE AND ALLOWS YOU TO STAY UP TO 90 DAYS EACH VISIT.

REVISED: 01-01-2006



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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!**



SECCAO CONSULAR
 EMBAIXADA DA
 REPUBLICA DA GUINE-BISSAU
 918-16 th Street, N.W.
 MEZZANINE SUITE
 WASHINGTON, D.C. 20006

PEDIDO DE VISTO VISA REQUEST

Apelido _____
 Last Name _____
 Nome _____
 First Name _____
 Nacionalidade de origem _____
 Nationality of Origin _____
 Nacionalidade actual _____
 Present Nationality _____
 Profissão _____
 Profession _____
 Estado Civil _____
 Marital Status _____
 Residência _____
 Current Address _____



PASSAPORTE:

PASSPORT

Tipo _____
 Type _____
 N.º _____ Série _____

Data da emissão ____/____/____ Validade _____
 Date of Issue _____ Expiration date _____
 Entidade que o concedeu _____
 Issued by _____

VISTO:

VISA

Tipo do visto _____
 Type of Visa _____
 Data prevista da chegada à Guiné-Bissau _____
 Arrival Date in G.B. _____
 Via que tenciona utilizar _____
 Mode of Transportation _____
 Quanto tempo deseja permanecer na Guiné-Bissau _____
 Duration of Stay _____
 Objectivo de viagem _____
 Purpose of Travel _____

Entidade que o convidou _____
 Contact in Guine-Bissau _____
 Menores que o acompanham _____
 Children accompanying _____

Data _____
 Date _____

ASSINATURA

Observações : _____