



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



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 : _____