



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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KAZAKHSTAN BUSINESS VISA *NON-U.S. PASSPORT HOLDER*

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>1</u>	APPLICATION (S):	<u>1</u>
PASSPORT TYPE PHOTO (S):	<u>1</u>	TRAVEL ITINERARY:	<u>1-COPY</u>
INT'L HEALTH CERTIFICATE:	<u>N/A</u>	COMPANY LETTER:	<u>1</u>
COPY OF INVITATION:	<u>1</u>	RELEASE LETTER:	<u>N/A</u>

OTHER: PLEASE INCLUDE A COPY OF THE U.S. GREEN CARD OR THE ORIGINAL USA VISA AND I-94 (VISIT <https://i94.cbp.dhs.gov/>). SEE NEXT PAGES FOR MORE 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>
OTHER FEES: _____	<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: 5 TO 7 DAYS

COMMENTS: THE CONSULATE IS CLOSED EVERY WEDNESDAY. PLEASE DO NOT PURCHASE NON-REFUNDABLE OR NON-CHANGEABLE AIRLINE TICKETS UNTIL THE VISA HAS BEEN ISSUED AND THE PASSPORT IS IN-HAND.

REVISED: 05-12-2017 (SDL)

Specializing in Visas, Passports, Document Legalization and Translations



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KAZAKHSTAN

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

BUSINESS VISA:

1.) PASSPORT

- MUST HAVE AT LEAST ONE (1) BLANK VISA PAGE
- MINIMUM OF 6 MONTHS REMAINING VALIDITY

2.) ONE PASSPORT-TYPE PHOTOGRAPH (2x2)

3.) ONE (1) COMPLETED APPLICATION (ALL FIELDS MUST BE COMPLETED OR THE VISA OFFICER WILL NOT ACCEPT THE APPLICATION)

4.) ONE (1) COPY OF VISA APPROVAL:

- HAVE YOUR SPONSOR IN KAZAKHSTAN APPLY FOR A VISA APPROVAL AT THE MINISTRY OF FOREIGN AFFAIRES. HAVE YOUR SPONSOR FAX YOU A COPY OF THE INVITATION LISTING THE 5-6 DIGIT APPROVAL NUMBER (MUST BE SUBMITTED WITH THE APPLICATION). **PLEASE SEE THE IMPORTANT NOTE BELOW TO SEE IF THE APPLICANT QUALIFIES TO HAVE THE VISA ISSUED WITHOUT THE APPROVAL FROM THE MINISTRY IN KAZAKHSTAN OR IF THEY CAN RECEIVE A VISA ON ARRIVAL**

5.) PROOF OF VALID U.S. STATUS

(PLEASE SUBMIT ONE OF THE FOLLOWING)

- ONE (1) COPY OF FRONT AND BACK OF U.S. GREEN CARD
- THE ORIGINAL U.S. VISA AND I-94(VISIT <https://i94.cbp.dhs.gov/>)

6.) ONE (1) COMPANY LETTER OF GUARANTEE REQUESTING THE VISA TO BE ISSUED. BE SURE THE LETTER INDICATES THE PURPOSE OF THE TRIP, YOUR CONTACT IN KAZAKHSTAN, THE DATES OF ENTRY AND EXIT AND THE PLACES TO BE VISITED

7.) COPY OF THE TRAVEL ITINERARY

8.) CONSULATE FEES:

VALIDITY	CONSULATE FEE
SINGLE ENTRY – VALID UP TO 3 MONTHS	\$140.00
DOUBLE ENTRY – VALID UP TO 3 MONTHS	\$140.00
TRIPLE ENTRY – VALID UP TO 3 MONTHS	\$140.00
MULTI-ENTRY – VALID UP TO ONE YEAR	\$140.00

CONTINUED →



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IMPORTANT NOTES:

THE FOLLOWING COUNTRIES CAN REQUEST A BUSINESS VISA WITHOUT AN INVITATION ON THE BASIS OF THEIR COMPANIES' WRITTEN STATEMENT SUBMITTED TO THE CONSULATE SECTION OF THE EMBASSY OF KAZAKHSTAN IN WASHINGTON D.C. (ALL OTHERS MUST HAVE AN OFFICIAL INVITATION FROM THEIR SPONSOR IN KAZAKHSTAN):

AUSTRALIA	AUSTRIA	BELGIUM	CANADA	CROATIA
DENMARK	FINLAND	FRANCE	GERMANY	GREECE
HUNGARY	ISRAEL	ITALY	IRELAND	ICELAND
JAPAN	LIECHTENSTEIN	LUXEMBURG	MALAYSIA	MONACO
NETHERLANDS	NEW ZEALAND	NORWAY	POLAND	PORTUGAL
SAUDI ARABIA	SINGAPORE	SLOVAKIA	S. KOREA	SPAIN
SWEDEN	SWITZERLAND	U.K.	U.S.A.	U.A.E.
CZECH REP.	ROMANIA	BULGARIA	CYPRUS	MALTA
SLOVENIA	LITHUANIA	LATVIA	ESTONIA	OMAN

ACCORDING TO THE KAZAKHSTAN GOVERNMENT CITIZENS OF THE FOLLOWING COUNTRIES HOLDING VALID DIPLOMATIC, OFFICIAL, AND NATIONAL PASSPORTS CAN ENTER THROUGH AND EXIT THE TERRITORY OF KAZAKHSTAN WITHOUT A VISA FOR UP TO 30 CALENDAR DAYS FROM THE MOMENT OF CROSSING THE STATE BORDER, STARTING FROM JANUARY 1ST, 2017 UNTIL DECEMBER 31ST, 2017:

VISA EXEMPT COUNTRIES				
AUSTRALIA	AUSTRIA	BELGIUM	BULGARIA	CANADA
CHILE	CROATIA	CYPRUS	CZECH REPUBLIC	DENMARK
ESTONIA	FINLAND	FRANCE	GERMANY	GREECE
HUNGARY	ICELAND	ISRAEL	ITALY	JAPAN
LATVIA	LITHUANIA	LUXEMBOURG	MALAYSIA	MALTA
MEXICO	MONACO	NETHERLANDS	NEW ZEALAND	NORWAY
POLAND	REPUBLIC OF KOREA	ROMANIA	SINGAPORE	SLOVAKIA
SLOVENIA	SPAIN	SWEDEN	SWITZERLAND	TURKEY
UNITED ARAB EMIRATES	UNITED KINGDOM	NORTHERN IRELAND	USA	

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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!

19. Қазақстан Республикасында болатын пункттері/Places of destination in the Republic of Kazakhstan: _____

20. Қазақстан Республикасындағы келетін бастапқы пункті/The first place of entry into the Republic of Kazakhstan: _____

21. Қазақстандағы уақытша тұратын мекен-жайы/Temporary address in Kazakhstan: _____

22. Сіздің сапарыңызды және Қазақстанда болу мерзімінде тұру шығыстарыңызды кім қаржыландырады?/Who is paying for your cost of travelling and for your costs of living during your stay in Kazakhstan?: _____

23. Қазақстанда болу мерзіміне сақтандыруыңыз бар ма?/Have you got an insurance for the period of your stay in Kazakhstan?: Жоқ/No Бар/Yes. Сақтандыру болған жағдайда, оның қолданыс мерзімін және сақтандыру компаниясының атауын көрсетіңіз/If yes, please indicate its validity and the name of insurance company: _____

24. Қазақстан арқылы транзитпен өткен жағдайда, негізгі баратын мемлекеттің визасы немесе тұруға ықтиярхаты бар ма?/In case of transit through Kazakhstan, have you got an entry visa or residence permit for your destination?:

Жоқ/No Бар/Yes. Болған жағдайда, баратын мемлекетті/if yes, indicate the country of destination: _____ кіру жоспарланған шекара пунктін/border point through which entry is planned: _____ транзиттің бағытын көрсетіңіз/route of transit: _____

25. Сұрау салынатын визаның мерзімі/Period of requested visa: from _____ бастап to _____ дейін

26. Сұрау салынатын визаның мәртелігі/Number of entries requested: 1 2 3 көп мәртелік/multiple

27. Балалары (сізбен бірге жүрген балалар паспортыңызға енгізілген жағдайда ғана толтырылады)/Children (please indicate whether they are traveling with you and are entered in your passport):

№	Тегі, аты/ Surname, First names	Туған жері мен күні/ Date and place of birth	Азаматтығы/Nationality

Мен жоғарыда көрсетілген мәліметтердің толық және дұрыс екенін растаймын. Жалған мәліметтер беріліп қойған визаны жоюға немесе оны беруден бас тартуға себеп болуы мүмкін екендігі маған мәлім. Маған берілген визаның іске асу мерзімі аяқталуына дейін Қазақстан Республикасының аумағынан шығып кетуге міндеттімін.

Мен 2001 жылғы 12 маусымдағы Қазақстан Республикасының «Салық және бюджетке төленетін басқа да міндетті төлемдер туралы» № 209-II Кодексінің (Салық Кодексі) 514-бабына сәйкес төленген консулдық алымдар сомасының қайтарылмайтыны; берілген виза Қазақстанға кіруге толық кепілдік бермейтіні және Қазақстан Республикасының құзыретті органдары менің Қазақстан аумағына кіруіме келісім беруден бас тартқан жағдайда өтемақыға құқық бермейтіні туралы хабардармын.

I undertake that the above mentioned personal data are full and correct. I am aware, that wrong data can cause refuse and canceling of already issued visa. I am obliged to leave the territory of the Republic of Kazakhstan before visa expiration.

I am told, that in accordance with the article 514 of the Tax Code of the Republic of Kazakhstan № 209-II of the 12 of June 2001 the sum of money paid as consular fee is not subject for return; the issued visa does not fully guarantee entry into Kazakhstan and will not serve as basis for compensation in case the authorized bodies of the Republic of Kazakhstan refuse entry for the owner of visa into territory of Kazakhstan.

Күні және жері/
Place and date: _____

Қолы/Signature: _____

Қызметтік жазбалар үшін

For official use only