



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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VISA INSTRUCTION SHEET

APPLICATION (S) REQUESTED FOR: MADAGASCAR BUSINESS VISA

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>1</u>	APPLICATION (S):	<u>1</u>
PASSPORT TYPE PHOTO (S):	<u>2</u>	ITINERARY/TICKET:	<u>1-COPY</u>
INT'L HEALTH CERTIFICATE:	<u>N/A</u>	COMPANY LETTER:	<u>1</u>
COPY OF INVITATION:	<u>N/A</u>	RELEASE LETTER:	<u>N/A</u>

OTHER: _____

PLEASE FORWARD THIS SHEET AND ALL THE ABOVE REQUIREMENTS TO THE ABOVE LISTED ADDRESS

FEES PER PERSON:

VIP SERVICE FEE: (REGULAR PROCESS)	<u>\$55.00</u>
CONSULATE FEE:	<u>\$120.00</u>
MONEY ORDER:	<u>\$3.00</u>
** <input type="checkbox"/> SPECIAL HANDLING FEE: (24-48 HOUR PROCESS)	_____
OTHER FEES: _____	_____
*ADD RETURN FEDERAL EXPRESS FEE:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

*FEDERAL EXPRESS FEES:

PRIORITY LETTER	\$29.00
2-DAY LETTER	\$23.50
3-DAY LETTER	\$19.50
SATURDAY LETTER	\$41.50

**VISA PROCESSING TIME

REGULAR PROCESSING TIME: 4-7 DAYS

PLEASE MARK THE APPROPRIATE BOX IF YOU NEED TO HAVE THE VISA ISSUED ON A 24-48 HOUR RUSH PROCESS FROM WHEN WE SUBMIT YOUR APPLICATION (\$20.00 SPECIAL HANDLING FEE).

COMMENTS: _____

REVISED: 1-28-2009 (EL)

Specializing in Visas, Passports, Document Legalization and Translations



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MADAGASCAR

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPH (2x2)
- 3.) (1) ONE COMPLETED APPLICATION
(APPLICATION MAY BE COPIED)
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) CONSULATE FEE: \$120.00

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPH (2x2)
- 3.) (1) ONE COMPLETED APPLICATION
(APPLICATION MAY BE COPIED)
- 4.) A COMPANY LETTER OF GUARANTEE
- 5.) A COPY OF YOUR TRAVEL ITINERARY
- 6.) CONSULATE FEE: \$120.00

VALIDITY: THE VISAS ARE USUALLY ISSUED FOR A SINGLE OR DOUBLE ENTRY VISA VALID FOR A STAY OF UP TO 60 DAYS. THE VALIDITY, DURATION OF STAY, AND NUMBER OF ENTRIES OF THE VISA IS ISSUED AT THE DISCRETION OF THE CONSULAR OFFICERS, WHOSE DECISIONS ARE BASED ON THE LAWS AND REGULATIONS OF MADAGASCAR. THE CONSULAR OFFICERS HAVE THE AUTHORITY TO REFUSE ANY VISA APPLICATIONS INCONSISTENT WITH MADAGASCAR LAWS AND REGULATIONS, OR REVOKE ISSUED VISAS.

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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!**

REPOBLIKAN'I MADAGASIKARA
Tanindrazana-Fahafahana-Fandrosoana

NOM DE FAMILLE : (Last Name)	
NOM DE JEUNE FILLE : (Maiden Name)	
PRENOM(S) : (First & Middle Names)	
Né(e) le : (Date of Birth)	
Lieu de naissance : (Country of Birth)	

NATIONALITE ACTUELLE : (Present Citizenship)	NATIONALITE D'ORIGINE : (Former and/or Birth Citizenship)
SITUATION DE FAMILLE : (Personal Status)	
DOMICILE HABITUEL : (Permanent Address)	
RESIDENCE ACTUELLE : (Current Address)	
TELEPHONE : (Phone Number)	
PROFESSION OU QUALITE (Préciser le type d'activités exercées) : (Occupation / Type of Activities or Business)	
ADRESSE & TELEPHONE : (Address & Phone Number)	
SPECIALISATION : (Present Specialization)	
TITRE(S) SCIENTIFIQUE(S) : (Scientific Qualifications)	

EMPLACEMENT RESERVE A L'ADMINISTRATION
(For Official Use Only)

Nom :

Prénom (s) :

Noméro du visa :

Date de délivrance :

Délai d'utilisation :

Durée du séjour autorisée :

.....

Nombre d'entrées autorisées :

Référence de l'autorisation :

.....

NUMERO ET TYPE DE PASSEPORT OU DOCUMENT DE VOYAGE : (Type & Number of Passport or Travel Document)
DELIVRE LE : (Issued on)
DELIVRE PAR : (Name of Issuing Authority)
VALABLE JUSQU'AU : (Valid Until)

NATURE ET DUREE DU VISA SOLLICITE
(Type & Duration of Requested Visa)

TRANSIT A DESTINATION DE : (Country to which proceeding)			
ALLER ET RETOUR AVEC ARRET DE : (Roundtrip with Stopover for)	JOURS (Days)		
COURT SEJOUR DE : (Short Stay for)	JOURS (Days)		
VALIDITE (Validity)	DU (From)	AU (To)	
NOMBRE D'ENTREES : (Number of Entries)	UNE (Single)	DEUX (Two)	PLUSIEURS (Multiple)
MOTIF DU VOYAGE : (Reason for Trip)	TOURISME (Tourism)	AFFAIRES (Business)	CONGRES (Convention) ETUDES (Studies)

NOM(S) & PRENOM(S) DES MEMBRES DE VOTRE FAMILLE VOYAGEANT AVEC LE POSTULANT :
(Names of family members travelling with the applicant, if any)

S'IL S'AGIT D'UN VOYAGE D'AFFAIRES, INDIQUEZ LES NOMS ET ADRESSES & TELEPHONE DES CORRESPONDANTS OU INDUSTRIELS A RENCONTRER A MADAGASCAR :
(For business purposes, please give the names and contact addresses and phone number of or business correspondents in Madagascar)

S'IL S'AGIT D'UNE PARTICIPATION A UN CONGRES OU MANIFESTATION, INDIQUEZ L'ORGANISATEUR, LE LIEU, LA DATE ET LA DUREE
(If travelling for a Convention or for a Meeting, please indicate the name of the organizing institution, the location, the date and the length of stay)

S'IL S'AGIT D'ETUDES UNIVERSITAIRES OU STAGES TECHNIQUES, INDIQUEZ LE(S) ETABLISSEMENT(S) FREQUENTES, LE(S) LIEU(X), LES DATES ET LE(S) DUREE(S)
(If the purpose of stay is taking up studies of technical training, give names of institutions, addresses, dates and lengths of stay)

AVEZ-VOUS DEJA SEJOURNE A MADAGASCAR PENDANT PLUS DE TROIS MOIS CONSECUTIFS ? PRECISEZ LA DATE ET LE LIEU
(For a previous stay for more than three consecutive months in Madagascar, please give the date and place, if any)

NOMS ET ADRESSES EXACTES DES REFERENCES DANS LE PAYS DE RESIDENCE
(Names and addresses of references in the country of the applicant)

ATTACHES FAMILIALES OU REFERENCES A MADAGASCAR
(Names and addresses of relatives or references in Madagascar)

INDICATION PRECISE DES DATES ET DES POINTS D'ENTREE ET DE SORTIE
(Specify borders of first entry and exit)

ENTREE A MADAGASCAR
(Entry into Madagascar)

SORTIE DE MADAGASCAR
(Departure from Madagascar)

MOYEN DE TRANSPORT UTILISE
(Means of transportation)

INDICATIONS DES ADRESSES ET CONDITIONS D'HEBERGEMENT PENDANT LE SEJOUR A MADAGASCAR
(Please give addresses and housing arrangements during stay in Madagascar)

IMPORTANT
JE M'ENGAGE A N'ACCEPTER AUCUN EMPLOI REMUNERE OU AU PAIR DURANT MON SEJOUR A MADAGASCAR, A NE PAS CHERCHER A M'Y INSTALLER DEFINITIVEMENT ET A QUITTER LE TERRITOIRE MALGACHE A L'EXPIRATION DU VISA QUI ME SERA EVENTUELLEMENT ACCORDE.
(I agree to accept no paid or "au pair" position during my stay in Madagascar, not to try to settle down definitively in the country, and to leave the Malagasy Territory upon the expiration of my visa)

MA SIGNATURE ENGAGE MA RESPONSABILITE ET M'EXPOSE, EN SUS DES POURSUITES PREVUES PAR LA LOI, EN CAS DE FAUSSE DECLARATION, A ME VOIR REFUSER TOUT VISA A L'AVENIR.
(My signature renders me responsible for the abovementioned statements. False information will be considered a violation of Law, and, therefore, in addition to any penalties imposed by Law, I would be unable in the future to receive any entrance visa for Madagascar)

Fait à _____ Le _____
(Place) (Date)

AVIS DU CHEF DE POSTE
(For official use only)

SIGNATURE DU REQUERANT _____
(Signature of Applicant)