



# VIP SERVICES

2012 Louisiana Street  
Houston, Texas 77002  
713-659-8472 1-800-856-8472 Fax 713-659-3767  
Website: [www.vippassports.com](http://www.vippassports.com) Email: [info@vippassports.com](mailto: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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## MALI

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

### TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS  
(APPLICATION CAN BE COPIED)
- 4.) A COPY OF YOUR CONFIRMED TRAVEL ITINERARY OR A  
COPY OF THE ROUND TRIP AIRLINE TICKETS
- 5.) COPY OF YOUR HOTEL CONFIRMATION
- 6.) YOUR INTERNATIONAL HEALTH CERTIFICATE SHOWING  
A CURRENT YELLOW FEVER IMMUNIZATION
- 7.) CONSULATE FEE:  
\$131.00 - REGULAR PROCESS  
\$141.00 - 24-48 HOUR RUSH PROCESS

### BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS  
(APPLICATIONS CAN BE COPIED)
- 4.) COPY OF YOUR TRAVEL ITINERARY
- 5.) A COMPANY LETTER OF GUARANTEE
- 6.) YOUR INTERNATIONAL HEALTH CERTIFICATE SHOWING  
A CURRENT YELLOW FEVER IMMUNIZATION
- 7.) CONSULATE FEE:  
\$131.00 - REGULAR PROCESS  
\$141.00 - 24-48 HOUR RUSH PROCESS

**VALIDITY:** THE VISA IS ISSUED FOR MULTIPLE ENTRIES AND VALID FOR UP TO 5 YEARS. THE LENGTH OF VALIDITY IS ISSUED SOLELY AT THE DISCRETION OF THE VISA OFFICER-YOU ARE ALLOWED TO STAY UP TO 90 DAYS ON EACH ENTRY.

REVISED: 5-19-2008 (EL)



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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!**

**For Official Use**

N° de Code

Visa du Chef du  
Service Consulaire



**PASSPORT  
PICTURE**

**AMBASSADE DE LA REPUBLIQUE DU MALI AUX ETATS UNIS**

2130 R STREET N.W. WASHINGTON D.C. 20008

TEL: 202 332 22 49 FAX: 202 332 66 03

**DEMANDE DE VISA D'ENTREE AU MALI / MALI VISA APPLICATION FORM**

NOM / LAST NAME: \_\_\_\_\_

SURNAME / PRENOM: \_\_\_\_\_

DATE DE NAISSANCE / DATE OF BIRTH: \_\_\_\_\_

LIEU DE NAISSANCE / PLACE OF BIRTH: \_\_\_\_\_

NATIONALITE / CITIZENSHIP: \_\_\_\_\_

PROFESSION / OCCUPATION: \_\_\_\_\_

LIEU D'EMPLOI / EMPLOYER'S ADDRESS: \_\_\_\_\_

ADRESSE PERMANENTE / PERMANENT ADDRESS: \_\_\_\_\_

ADRESSE AU MALI / ADDRESS IN MALI: \_\_\_\_\_

TELEPHONE / PHONE NUMBER: \_\_\_\_\_

FAX / FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOTIF DU VOYAGE / PURPOSE OF THE TRIP: \_\_\_\_\_

DATE D'ENTRÉE / DATE OF ARRIVAL : \_\_\_\_\_

DUREE DU SEJOUR / LENGTH OF STAY: \_\_\_\_\_

TYPE DE VISA/ TYPE OF VISA       3 MONTHS SINGLE ENTRY       3 MONTHS MULTIPLE ENTRIES  
 6 MONTHS MULTIPLE ENTRIES     1 YEAR MULTIPLE ENTRIES       5 YEARS MULTIPLE ENTRIES  
(US Citizens Only / Pending Eligibility)

N° DU PASSEPORT / PASSPORT NO: \_\_\_\_\_

DELIVRE LE / ISSUED ON: \_\_\_\_\_

EXPIRE LE / EXPIRE ON: \_\_\_\_\_

SIGNATURE :

DATE :