



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#: _____

CREDIT CARD INFORMATION:

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

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

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: _____

HOW DID YOU HEAR ABOUT VIP?

REPEAT CUSTOMER__ INTERNET__ REFERRED__ BY_____ WALK-IN_____



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VISA INSTRUCTION SHEET

APPLICATION (S) REQUESTED FOR: MALI TOURIST VISA

DOCUMENTS REQUIRED:

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

OTHER: SEE NEXT PAGE 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>\$75.00</u>
CONSULATE FEE: (SEE NEXT PAGE)	_____
MONEY ORDER:	<u>\$6.00</u>
** <input type="checkbox"/> SPECIAL HANDLING FEE: (24 TO 48 HOUR RUSH 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 TO 7 DAYS

PLEASE MARK THE APPROPRIATE BOX IF YOU NEED VIP TO REQUEST TO HAVE THE VISA ISSUED WITHIN 24 TO 48 HOURS FROM THE DAY THE APPLICATION IS SUBMITTED (\$20.00 SPECIAL HANDLING FEE).

COMMENTS: _____

REVISED: 01-01-2012 (KS)

Specializing in Visas, Passports, Document Legalization and Translations



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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.) YOUR INTERNATIONAL HEALTH CERTIFICATE SHOWING
A CURRENT YELLOW FEVER IMMUNIZATION
- 6.) 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: 12-16-2010 (KS)

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 :