



# 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#: \_\_\_\_\_

### CREDIT CARD INFORMATION:

TYPE OF CARD: \_\_\_\_\_  
CARD #: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_

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

SIGNATURE OF CARD HOLDER  
REQUIRED: \_\_\_\_\_

<u>VISA PROCESSING</u>	<u>AND</u>	<u>CONSULATE FEES:</u>
<u>LIST COUNTRIES</u>	<u>AND</u>	<u>CONSULATE FEES:</u>
_____	-	\$ _____
_____	-	\$ _____
_____	-	\$ _____

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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## MALI

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

### TOURIST VISA:

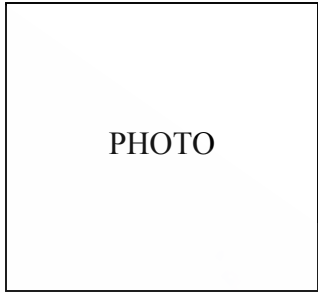
- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS  
(APPLICATION CAN BE COPIED)
- 4.) A COPY OF YOUR CONFIRMED TRAVEL ITINERARY OR A  
COPY OF THE ROUND TRIP AIRLINE TICKETS
- 5.) YOUR INTERNATIONAL HEALTH CERTIFICATE 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)



**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:** \_\_\_\_\_

**PRENOM /**  
**FIRST AND MIDDLE NAMES:** \_\_\_\_\_

**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:** \_\_\_\_\_

**TELEPHONE /**  
**Phone Number** \_\_\_\_\_

**FAX /**  
**Fax** \_\_\_\_\_

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

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

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

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

**TYPE DE VISA /**       3 MONTHS SINGLE ENTRY       3 MONTHS MULTIPLE ENTRIES  
**TYPE OF VISA**       6 MONTHS MULTIPLE ENTRIES       1 YEAR MULTIPLE ENTRIES

**NO DU PASSEPORT /**  
**PASSPORT NO:** \_\_\_\_\_

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

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

**SIGNATURE:** \_\_\_\_\_

<p><b>RESERVE AUX AUTORITES MALIENNES</b> <b>NATURE DU VISA:</b> <b>NUMERO DU VISA:</b> <b>DATE:</b></p>
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*Services* ✈