

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: vipinfo@vippassports.com



WORK ORDER REQUEST FORM

TRAVELER INFO

TRAVELER NAME

TRAVELER DATE OF BIRTH

DATE OF U.S. DEPARTURE

DATE PASSPORT IS NEEDED

VIP FILE LOCATOR NUMBER

DON'T FORGET
TO FAX OR EMAIL
YOUR DOCUMENTS TO
OUR OFFICE FOR OUR
COMPLIMENTARY
PASSPORT/VISA
PRE-CHECK!

BILLING INFORMATION (CHECK BOX IF SAME AS SHIPPING)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

P.O. OR BILLING REF#:

RETURN SHIPPING INFORMATION (CHECK BOX TO WAIVE SIGNATURE)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

METHOD OF PAYMENT

CREDIT CARD

CARD NUMBER

EXP. DATE

CVV CODE

SIGNATURE OF CARD HOLDER

AUTH. AMOUNT \$_____

MONEY ORDER

CASHIER'S CHECK

COMPANY CHECK

SPECIAL INSTRUCTIONS: _____

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT TRANSLATIONS & LEGALIZATIONS

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MOZAMBIQUE WORK/RESIDENT VISA

U.S. PASSPORT HOLDER

DOCUMENTS REQUIRED

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

VALID PASSPORT:	1	APPLICATION (S):	1
PASSPORT TYPE PHOTO (S):	2	TRAVEL ITINERARY:	1-COPY
WORK CONTRACT:	1-COPY	COMPANY LETTER:	1
POLICE CLEARANCE LETTER:	1-COPY	MINISTRY OF LABOR LETTER:	1-COPY

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

PROCESSING FEES

(PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS)	<u>\$95.00</u>
CONSULATE FEE: (SEE NEXT PAGE)	<u>\$160.00</u>
MONEY ORDER:	<u>\$6.00</u>
OTHER FEES: _____	_____
RETURN SHIPPING FEE:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

RETURN SHIPPING FEES (SELECT ONE)	
<input type="checkbox"/> PRIORITY OVERNIGHT	\$35.00
<input type="checkbox"/> 2-DAY LETTER	\$27.50
<input type="checkbox"/> 3-DAY LETTER	\$22.50
<input type="checkbox"/> SATURDAY LETTER	\$49.00
<input type="checkbox"/> 1 ST OVERNIGHT LETTER	\$85.00

REGULAR PROCESS TIME:	10 TO 15 DAYS
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COMMENTS: _____

REVISED: 5-24-2018(JENN)

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MOZAMBIQUE WORK/RESIDENCE VISA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) U.S. PASSPORT
 - MUST HAVE AT LEAST 2 BLANK VISA PAGES
 - MUST HAVE A REMAINING VALIDITY OF AT LEAST 6 MONTHS
- 2.) TWO (2) PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) ONE (1) COMPLETED APPLICATION
- 4.) COMPANY LETTER OF GUARANTEE (IF AVAILABLE)
- 5.) WORK CONTRACT FROM THE COMPANY IN MOZAMBIQUE (COPY)
- 6.) LETTER FROM THE MINISTRY OF LABOR IN MOZAMBIQUE (COPY)
- 7.) COPY OF POLICE CLEARANCE LETTER - THE TRAVELER WILL NEED TO CARRY THE ORIGINAL WITH THEM TO SUBMIT TO THE IMMIGRATION OFFICE WHEN REQUESTING THE WORK/RESIDENT PERMIT IN MOZAMBIQUE
- 8.) COPY OF THE TRAVEL ITINERARY
- 9.) CONSULATE FEE: \$160.00 SINGLE ENTRY (10 TO 15 DAY PROCESS)

VALIDITY: WHEN REQUESTING A RESIDENCE/WORK VISA, THE CONSULATE WILL ISSUE A SINGLE ENTRY VISA. ONCE THE VISA HAS BEEN ISSUED THE APPLICANT WILL NEED TO ARRIVE IN COUNTRY WITHIN (60) SIXTY DAYS. THE APPLICANT WILL HAVE 30 DAYS FROM THE DAY THEY ARRIVE IN MOZAMBIQUE TO APPROACH THE IMMIGRATION OFFICE AND REQUEST THE RESIDENCE PERMIT (D.I.R.E.) TO BE ISSUED.

REVISED: 5-24-2018 (JENN)

PEDIDO DE ENTRADA EM MOCAMBIQUE REQUEST FOR ENTRY VISA TO MOZAMBIQUE			RECIBO Nº	
PREENCHER COM LETRA LEGIVEL TO BE FILLED IN LEGIBLE LETTERS		RESERVADO AOS SERVICOS: FOR OFFICIAL USE:		VISTO Nº
UMA ENTRADA Single entry <input type="checkbox"/>				DATA DE EMISSAO/...../.....
DUPLAS ENTRADAS Double entry <input type="checkbox"/>				VALIDADE/...../.....
MULTIPLAS ENTRADAS Multiple entries <input type="checkbox"/>				
APELIDO Surname		NOME COMPLETO Full name		
NOME DE SOLTEIRA Maiden name		PAIS E LOCAL DE NASCIMENTO Country and place of birth		
DATA DE NASCIMENTO Date of birth	SEXO Sex	ESTADO CIVIL Marital status	NACIONALIDADE Nationality	
PASSAPORTE Nº Passport Nº	DATA DE EMISSAO Date of issue/...../.....	Validade Validity/...../.....	NACIONALIDADE DO P.te P.te nationality	
PROFISSAO/OCUPACAO Profession/Occupation		CARGO QUE OCUPA Position you hold		
INSTITUICAO, ORGANIZACAO OU EMPRESA ONDE TRABALHA Institution, organization or firm you work				
ENDERECO DA RESIDENCIA PERMANENTE Address of the permanent residence				
ESTEVE ALGUMA VEZ EM MOCAMBIQUE ? Have you ever before been in Mozambique ?		SIM Yes	<input type="checkbox"/>	NAO No
			<input type="checkbox"/>	<input type="checkbox"/>
JÁ FOI RESIDENTE EM MOCAMBIQUE ? Have you ever been a resident in Mozambique ?		SIM Yes	<input type="checkbox"/>	NAO No
			<input type="checkbox"/>	<input type="checkbox"/>
PORQUE SAIU DE MOCAMBIQUE ? Why did you leave Mozambique ?	DATA DE SAIDA Date of exit	}/...../.....		
INDIQUE AS INSTUICOES E EMPRESAS A QUE ESTEVE LIGADO Mention the institutions and firms to which you were attached				
O PREENCHIMENTO INCORRECTO OU INCOMPLETO IMPLICA RESPOSTA TARDIA, DEVOLUCAO OU INDEFERIMENTO INCOMPLETE OR INCORRECT FILLING IN OF THIS FORM MAY RESULT IN DELAY DEVOLUTION OR REJECTION				

DETALHE OS MOTIVOS DA ENTRADA EM MOCAMBIQUE <u>In detail</u> give reasons for your entry in Mozambique				
TEMPO DE ESTADA EM MOCAMBIQUE Length of stay in Mozambique		DATA DE ENTRADA Date of entry/...../.....	DATA DE SAIDA Date of exit/...../.....	
FRONTEIRA DE ENTRADA Entry border		FRONTEIRA DE SAIDA Exit border		
ENDERECO DA HOSPEDAGEM EM MOCAMBIQUE – Address of residence in Mozambique				
PROVINCIA Province	DISTRITO District	CIDADE City	AVENIDA/RUA Avenue/street	CASA Nº House Nº
FAMILIARES/AMIGOS RESIDENTES EM MOCAMBIQUE – Relatives, friends living in Mozambique				
NOME COMPLETO Full name	NACIONALIDADE Nationality	PARENTESCO Relationship	ENDERECO Address	
RESERVADO AOS SELOS Reserved for stamps				
DATA Date }/...../.....				
ASSUNATURA DO REQUENTE OU DA ENTIDADE SOLICITANTE Signature of applicant or of the applying entity				
ASSINATURA RECONHECIDA POR SEMELHANCA A EXISTENTE NO Nº EMITIDO A/...../..... EM				
RESERVADO AOS SERVICOS For official use			DATA DE RECEPCAO/...../.....	
			DATA DE ENTREGA/...../.....	
..... ASSINATURA DO FUNCIONARIO				

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EXAMPLE OF A COMPANY LETTER OF GUARANTEE

DO NOT ATTENTION THIS LETTER TO VIP SERVICES!

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.