



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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NIGER

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (3) THREE PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (3) THREE COMPLETED APPLICATIONS
- 4.) A COPY OF YOUR ROUNDTrip TRAVEL ITINERARY
- 5.) A COPY OF YOUR CURRENT BANK STATEMENT
- 6.) INTERNATIONAL HEALTH CERTIFICATE SHOWING THE VACCINATION FOR YELLOW FEVER AND CHOLERA-**SEE BELOW**
- 7.) CONSULATE FEE:
 - \$100.00 - MULTIPLE ENTRY (10 TO 15 DAY REGULAR)
 - \$140.00 - MULTIPLE ENTRY (5 TO 7 DAY RUSH)
 - \$280.00 - MULTIPLE ENTRY (LESS THAN 5 DAY RUSH)

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (3) THREE PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (3) THREE COMPLETED APPLICATIONS
- 4.) A COMPANY LETTER OF GUARANTEE
- 5.) A COPY OF YOUR ROUNDTrip TRAVEL ITINERARY
- 6.) INTERNATIONAL HEALTH CERTIFICATE SHOWING THE VACCINATION FOR YELLOW FEVER AND CHOLERA-**SEE BELOW**
- 7.) CONSULATE FEE:
 - \$100.00 - MULTIPLE ENTRY (10 TO 15 DAY REGULAR)
 - \$140.00 - MULTIPLE ENTRY (5 TO 7 DAY RUSH)
 - \$280.00 - MULTIPLE ENTRY (LESS THAN 5 DAY RUSH)

VALIDITY: 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 NIGER. THE CONSULAR OFFICERS HAVE THE AUTHORITY TO REFUSE ANY VISA APPLICATIONS INCONSISTENT WITH NIGER LAWS AND REGULATIONS, OR REVOKE ISSUED VISAS.

NOTE: THE CHOLERA VACCINATION IS ONLY REQUIRED IF TRAVELING FROM A NEIGHBORING COUNTRY WHERE AN OUTBREAK OF THE DISEASE HAS BEEN REPORTED.

REVISED: 04-22-2012 (KS)



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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!



EMBASSY OF THE REPUBLIQUE OF NIGER
2204 R Street, NW, Washington, DC 20008, USA

Photograph

VISA APPLICATION FORM

1. Applicant's Information

| | | | |
|---|--|--|-----------|
| Last Name: | | First Name: | |
| Date of birth: | | Place of birth: | |
| Occupation: | | Nationality: | |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> Single <input type="checkbox"/> Married | |
| Address in the USA/place of residence: | | Address in Niger: | |
| | | | |
| | | | |
| Tel: (private): | | (business): | |
| | | E-mail: | |
| | | | |
| Date of entry in Niger: | | Airline: | |
| | | Flight No.: | |
| | | | |
| Length of stay: | | City of disembarkation: | |
| | | | |
| Have you previously visited Niger? <input type="checkbox"/> Yes <input type="checkbox"/> No When? | | | |
| Purpose of visit: <input type="checkbox"/> Student <input type="checkbox"/> Diplomat <input type="checkbox"/> Official <input type="checkbox"/> Tourism <input type="checkbox"/> Family | | | |
| <input type="checkbox"/> Business <input type="checkbox"/> Other (specify): | | | |
| | | | |
| Name of the person accompanying the applicant: | | | Relation: |
| | | | |

2. Passport Information

| | |
|---------------|------------------|
| Passport No.: | |
| Date issued: | Expiration Date: |
| | |

3. Emergency contacts

| in Niger: | In the USA/place of residence |
|----------------------------|-------------------------------|
| Last and First Name : | Last and First Name: |
| Tel: | Tel: |
| Relation to the applicant: | Relation to the applicant: |

4. Certification: I, undersigned, certify that all the information provided are correct, and that I will abide by the laws of the Republic of Niger during my stay.

| | |
|------------|-------|
| Signature: | Date: |
| | |

Official Use Only: Do not write below

| | |
|------------------------|--------------------------|
| No du visa: _____ | Date de délivrance _____ |
| Validité du visa _____ | Signature _____ |
| Taxes perçues _____ | Mention (s) _____ |