



# 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](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: \_\_\_\_\_  
CITY/ST: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### RETURN DOCUMENTS TO:

CONTACT: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/ST: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
CELL: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### CREDIT CARD INFORMATION:

CARD#: \_\_\_\_\_  
EXP. DATE: \_\_\_\_\_ CVV#: \_\_\_\_\_

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

### BILLING INSTRUCTIONS:

YOUR P.O. OR REF#: \_\_\_\_\_

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

TRAVELERS NAME: \_\_\_\_\_

DATE OF USA DEPARTURE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE YOU NEED PASSPORT: \_\_\_\_\_

VIP RESERVATION/FILE LOCATOR NUMBER: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT VIP?

REPEAT CUSTOMER\_\_ INTERNET\_\_ REFERRED\_\_ BY\_\_\_\_\_ WALK-IN\_\_\_\_\_

**Specializing in Visas, Passports, Document Legalization and Translations**





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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)



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) _____