



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 AND
LIST COUNTRIES 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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PARAGUAY

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
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) COPY OF YOUR CURRENT BANK STATEMENT
- 6.) COPY OF YOUR DRIVERS LICENSE OR STATE ISSUED I.D.
- 7.) CONSULATE FEE: \$100.00 - MULTIPLE ENTRY

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) COMPANY LETTER OF GUARANTEE
- 6.) COPY OF YOUR DRIVERS LICENSE OR STATE ISSUED I.D.
- 7.) CONSULATE FEE: \$100.00 - MULTIPLE ENTRY

NOTE: THE MULTIPLE ENTRY IS ISSUED AT THE SOLE DISCRETION OF THE VISA OFFICER. IF YOU ARE REQUESTING A MULTIPLE ENTRY PLEASE REQUEST IT IN YOUR COMPANY LETTER. IF APPLYING FOR A TOURIST VISA PLEASE PROVIDE A COVER LETTER EXPLAINING WHY YOU WANT A MULTIPLE ENTRY.

REVISED: 02-20-2012 (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).

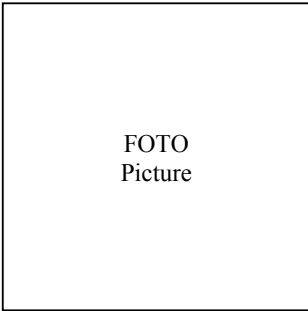
MR. / MRS. (TRAVELER) WILL BE DEPARTING THE UNITED STATES ON
(DATE) AND WILL BE STAYING FOR (LENGTH OF TRIP). OUR COMPANY,
(EMPLOYER), WILL GUARANTEE MR. / MRS. (TRAVELER) MAINTENANCE
AND WILL BE RESPONSIBLE FOR HIS / HER WELFARE WHILE IN YOUR
COUNTRY. HE / SHE IS IN POSSESSION OF SUFFICIENT FUNDS FOR 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!



**SOLICITUD DE VISA “NO RESIDENTE” PARA
LA REPÚBLICA DEL PARAGUAY**
NON - RESIDENT VISA APPLICATION
FOR REPUBLIC OF PARAGUAY

Embajada o Consulado de La República del Paraguay

No Completar Do not fill in
N° Visa
Tipo
Fecha

1. Apellidos: (Exactamente como Figura en su Pasaporte) Surnames (Exactly as in your Passport)				
2. Nombres: (Names)				
3.Fecha de Nacimiento: día / mes / año (Date of birth) (day- month- year)		4. Lugar de Nacimiento: (Place of birth)		5. Nacionalidad: (Nationality)
6.Sexo / Sex <input type="checkbox"/> Masc. / Male <input type="checkbox"/> Fem. / Female	7.Color de ojos: (Eyes color)	8.Color de Pelo: (Hair Color)	9.Estatura: (Height)	10.Ocupación (Occupation)
11.Otras características: (Other characteristics)		12.N° de pasaporte: (Passport number)	Fecha de emisión (Date of issuance)	Fecha de vencimiento (Expiration Date)
13.Estado Civil (Marital status)	<input type="checkbox"/> Soltero/a (Single)	<input type="checkbox"/> Casado/a (Married)	<input type="checkbox"/> Viudo/a (Widowed)	<input type="checkbox"/> Divorciado/a (Divorced)
14.Nombre del cónyuge (Name of spouse)		15.Fecha de nacimiento: día / mes / año (Date of birth) (day- month- year)	16.Lugar de nacimiento: (Place of birth)	
17.Ocupación Conyugue: (spouse occupation)	18.Domicilio particular: (Home address)			
19.Numero de Telefono: (Telephone number)	20.Dirección laboral: (Work address)			
21.Cual es el motivo de su viaje a Paraguay? (What is the purpose of your trip to Paraguay?)			22.Tiene intención de trabajar en Paraguay? (Do you intend to work in Paraguay?)	
ADVERTENCIA: LOS PORTADORES DE VISAS “NO RESIDENTE” NO PUEDEN TRABAJAR EN EL PARAGUAY. WARNING: BEARERS OF “NON RESIDENT” VISAS CAN NOT WORK IN PARAGUAY.				
23.Cuando llegará al Paraguay? (When will you arrive in Paraguay?)			24.Tiene usted parientes o amigos en el Paraguay? (Do you have relatives or friends in Paraguay?)	
25.Cual será su dirección y teléfono en Paraguay? (y teléfono) (What will be your address and phone in Paraguay?) (Include telephone)			26.Cuanto tiempo permanecerá? (How long will you stay?)	
27.Tiene usted deseos de emigrar y radicarse o naturalizarse en el Paraguay? (Do you wish to emigrate, reside permanently or become a citizen of Paraguay?)				
28.Ha solicitado visa para el Paraguay antes? (Have you ever applied for a visa to enter Paraguay before?) <input type="checkbox"/> NO <input type="checkbox"/> SI/yes Cuando?/ When?.....			29.Ha estado alguna vez en el Paraguay? (Have you ever been in Paraguay before?) <input type="checkbox"/> NO <input type="checkbox"/> SI/yes Donde? / Where?.....	

30. Es importante que los solicitantes de visas conozcan que:

No se puede conceder una visa, y no serán admitidos en el territorio nacional los extranjeros que deseen ingresar como No Residentes, comprendidos dentro de los impedimentos enumerados EN EL CAPITULO II “DE LOS IMPEDIMENTOS GENERALES DE ADMISIÓN”, estipulados en la LEY 978/96 y lo regulado por el Decreto N° 18295/97, “QUE REGLAMENTA A LA LEY 978/96 DE MIGRACIONES.

It is important that persons requiring visas know that:

Visas will not be granted to persons wishing to enter national territory non residents, as understood in the impediments numbered in the II Chapter “The General Impediments of Admission”, stipulated in Statutory act 978/96 and or regulated by decree N# 18295/97, Which regulates Statutory act 978/96 of immigration.

POR LA PRESENTE DECLARO BAJO FE DE JURAMENTO QUE TODA LA INFORMACIÓN QUE HE PROPORCIONADO MAS ARRIBA ES CIERTA, CORRECTA Y COMPLETA DE ACUERDO A MI MEJOR CONOCIMIENTO; QUE ACATARE LA LEGISLACIÓN Y LOS REGLAMENTOS DE LA REPÚBLICA DEL PARAGUAY DURANTE MI VISITA. YO COMPRENDO QUE EL GOBIERNO DEL PARAGUAY TIENE EL DERECHO DE DENEGAR UNA SOLICITUD DE VISA, Y QUE SE RESERVARÁ EL DERECHO DE NO DIVULGAR LOS MOTIVOS POR DENEGAR TAL SOLICITUD, TAMBIÉN COMPRENDO QUE UNA VISA NO ME DA DERECHO DE INGRESAR A LA REPÚBLICA DEL PARAGUAY, SI, RESULTARE PORTADOR INADMISIBLE, O QUE OBTUVE LA VISA DE FORMA FRAUDULENTE. POR ÚLTIMO, DECLARO BAJO FE DE JURAMENTO QUE DURANTE MI VISITA, NO SOLICITARE RADICACIÓN, RESIDENCIA PERMANENTE NI CARTA DE NATURALIZACIÓN EN LA REPÚBLICA DEL PARAGUAY.

I hereby declare under oath that all the information I have furnished above is true, correct and complete to the best of knowledge; that what I will abide by the laws and regulations of the Republic of Paraguay during my visit. I understand that the government of the Republic of Paraguay has the right to deny a visa application, and reserves the right to withhold disclosure of the reasons for denying a visa application. I also understand that a visa does not entitle the bearer to the right to enter the Republic of Paraguay upon arrival at a port of entry, if bearer is found to be an inadmissible, or the visa is obtained fraudulently. Finally, I declare under oath that during my visit, I will not apply for residence, permanent or otherwise, or citizenship in the Republic of Paraguay.

Firma del Solicitante
(Applicant's signature)

Fecha de la Solicitud
(Date of application)

Para Uso Interno

Oficial Consular Responsable de la Verificación:

Firma:

OBSERVACIONES:.....
.....
.....