



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

### CREDIT CARD INFORMATION:

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



**When applying for any type of visa one should submit:**

- Passport. It must be signed and valid for at least 3 months from the date of intended departure from Poland, with at least one blank visa page (excluding the amendments/endorsements pages at the back);
- **Visa Application Form** filled out and signed by the applicant. All entries of the form should be properly filled out (no blanks);
- Two passport size photographs;
- Bank statement - 3 last statements;
- Confirmation letter from health insurance company stating coverage with a minimum of 30.000 EURO (equivalent in USD) for trips outside the US (copy of healthcare card is not sufficient);
- In the matter of application for national visa one should submit a prove of sufficient funds (at least 300 zlotys per day) or medical insurance or official invitation to cover medical expenses;
- Reference letter from employer.
  
- employment - work permit or certificate of employment (when applicable).

**Caution:** persons who intend to work in Poland must submit a valid work permit certificate issued by appropriate local executive authorities (Office of Wojewoda) in Poland or an employer's written declaration confirming the intention to employ the alien if the work permit is not required. Visas for the purpose of carrying out work are issued only by the Polish Consul at the office appropriate for the applicant's legal permanent residence, for the period of stay not exceeding one year, relevant to the period indicated in the permit or the employer's written declaration. Employment without prior authorization is strictly prohibited. English language teachers planning to work in Poland at universities (colleges) instead of the work permit certificate must submit Certificate of Employment issued by president of that university/college.



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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!**

Photo

# VISA APPLICATION FORM

Stamp of office  
Issuing visa

<b>1. Surname</b>		<b>FOR CONSULATE USE ONLY</b> Data złożenia wniosku: Przyjmujący wniosek: Dodatkowe dokumenty: <input type="checkbox"/> Ważny dokument podróży <input type="checkbox"/> Zaproszenie <input type="checkbox"/> Środek transportu <input type="checkbox"/> Ubezpieczenie <input type="checkbox"/> Inne:  Wiza: <input type="checkbox"/> Odmowa <input type="checkbox"/> Udzielona  Typ wizy / cel pobytu: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C /..... <input type="checkbox"/> D /..... <input type="checkbox"/> W /.....  Ilość wjazdów: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> wiele Ważna od ..... do .....  Ważna na ..... dni  Pieczęć i podpis organu wydającego wizę
<b>2. Maiden name / Previous surnames</b>		
<b>3. Given names</b>		
<b>4. Date of birth (YY – MM - DD)</b>	<b>5. Identification number (if applicable)</b>	
<b>6. Place and country of birth</b>		
<b>7. Present citizenship(s)</b>	<b>8. Citizenship at birth</b>	
<b>9. Sex</b> <input type="checkbox"/> male <input type="checkbox"/> female	<b>10. Marital status</b> <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> other	
<b>11. Father's given name</b>	<b>12. Mother's given name</b>	
<b>13. Type of travel document</b> <input type="checkbox"/> Passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Travel document for aliens <input type="checkbox"/> Travel document (as in Geneva Convention of 1951) <input type="checkbox"/> Seaman's book <input type="checkbox"/> Other travel document (what type): .....		
<b>14. Travel document number</b>	<b>15. Issued by</b>	
<b>16. Date of issue</b>	<b>17. Valid until</b>	
<b>18. If you reside in another country than country of your origin – do you have permission to return to this country?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (document number and date of validity) .....		
<b>19. Present job</b>		
<b>20. Employer's address and telephone number. For students – name and address of school / university</b>		
<b>21. Country of destination (in case of transit)</b>	<b>22. Visa class</b> <input type="checkbox"/> Airport <input type="checkbox"/> Transit <input type="checkbox"/> Short stay <input type="checkbox"/> Long stay <input type="checkbox"/> Entry	<b>23. Visa applies to:</b> <input type="checkbox"/> One person <input type="checkbox"/> More * .....(how many)
<b>24. Number of entries requested</b> <input type="checkbox"/> single entry <input type="checkbox"/> double entries <input type="checkbox"/> multiple entries	<b>25. Period of stay:</b> visa is requested for _____ days	
<b>26. Polish visa(s) (issued in last 3 years) and their period(s) of validity:</b>		
<b>27. If you are applying for a transit visa, do you have permission to enter a country of destination?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, valid until do: _____ issued by: _____		
<b>* 28. Countries visited in the last 5 years</b>		

\* Only applicable when multiple family members are included in one travel document.

<b>29. Purpose of travel</b> <input type="checkbox"/> Tourism <input type="checkbox"/> Visit <input type="checkbox"/> Sport <input type="checkbox"/> Business <input type="checkbox"/> Culture <input type="checkbox"/> Official <input type="checkbox"/> Work <input type="checkbox"/> Education <input type="checkbox"/> Other (specify): .....		<b>FOR CONSULATE USE ONLY</b>												
<b>30. Date of entry</b>	<b>31. Date of departure</b>													
<b>32. Border crossing point or transit route</b>	<b>33. Means of transport</b>													
<b>34. Information about a person or a company hosting you while in Poland. If this does not apply, give the name of your hotel or other temporary address in Poland:</b>														
Given name and surname/Name of company		Tel. and fax numbers												
Full address		E-mail												
<b>35. Who is covering the costs of your travel and stay?</b> <input type="checkbox"/> applicant <input type="checkbox"/> person making invitation / sponsor <input type="checkbox"/> other (please specify who and how, and enclose appropriate documents) .....														
<b>36. Means to cover costs of your stay:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit cards <input type="checkbox"/> Pre-paid services <input type="checkbox"/> Others: <input type="checkbox"/> Travel insurance / health insurance. Valid until: .....														
<b>**37. Applicant's spouse</b>		<b>**38. Maiden name</b>												
<b>**39. Given name</b>	<b>**40. Date of birth</b>	<b>**41. Place of birth</b>												
<b>**42. CHILDREN</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">Surname</th> <th style="width: 30%; text-align: left;">Given name</th> <th style="width: 40%; text-align: left;">Date of birth</th> </tr> </thead> <tbody> <tr> <td>1 .....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>2 .....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>3 .....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>			Surname	Given name	Date of birth	1 .....	.....	.....	2 .....	.....	.....	3 .....	.....	.....
Surname	Given name	Date of birth												
1 .....	.....	.....												
2 .....	.....	.....												
3 .....	.....	.....												
<b>***43. Exceptional and urgent reasons requiring entry to and stay in Poland</b> ..... ..... .....														
44. I agree that personal data on this application form may be recorded by the appropriate authorities of the Republic of Poland and processed if necessary, for the issuing of a visa.  I declare that to the best of my knowledge the above particulars are correct and complete. I am aware that any false statements will lead to my application being rejected or to the invalidation of the visa already granted and may also render me liable to prosecution under the law of the Republic of Poland.  I undertake to leave the territory of the Republic of Poland upon the expiry of the visa, if granted.  I realise that the possession of a visa is only one of the conditions of entry to the territory of the Republic of Poland. Acquiring a visa does not entitle me to compensation should entry to the Republic of Poland be refused by officers of the Border Guard.														
<b>45. Applicant's address in the country of residence</b>		<b>46. Telephone number</b>												
<b>47. Place and date</b>		<b>48. Signature</b> (in case of minor, signature of legal representative)												

\*\* Applies to family members included in a travel document of an alien, who accompany him/her during a trip to Poland.

\*\*\* To be filled in by an alien applying for a visa to the relevant commanding officer of the Border Guard checkpoint – according to the article 47 section 1 of the Aliens Act of 13 June 2003