



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: 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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RWANDA TOURIST VISA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) U.S. PASSPORT (MUST HAVE AT LEAST 1 BLANK VISA PAGE AND THE PASSPORT MUST HAVE A MINIMUM OF 6 MONTHS REMAINING VALIDITY)
- 2.) TWO (2) RECENT PASSPORT-TYPE PHOTOGRAPHS (2x2) ON A WHITE BACKGROUND
- 3.) TWO (2) COMPLETED APPLICATIONS
- 4.) COVER LETTER:
 - a. LIST TENTATIVE DATES
 - b. LIST DURATION OF STAY IN RWANDA
 - c. DETAIL PURPOSE OF VISIT
 - d. MUST BE SIGNED BY APPLICANT
- 5.) COPY OF HOTEL CONFIRMATION OR INVITATION (COPY OF THE INVITATION MUST BE ACCOMPANIED WITH A COPY OF THE INVITING PERSONS RWANDA PASSPORT OR PASSPORT AND RWANDA VISA)
- 6.) COPY OF TRAVEL ITINERARY
- 7.) COPY OF APPLICANT'S DRIVER'S LICENSE
- 8.) INTERNATIONAL HEALTH CERTIFICATE SHOWING INOCULATIONS FOR YELLOW FEVER
- 9.) CONSULATE FEE (S):
 - \$30.00 REGULAR 14 TO 21 DAY PROCESS
 - \$60.00 RUSH (5 DAY OR LESS RUSH PROCESS)

VALIDITY: TOURIST VISAS ARE ISSUED AND VALID FOR UP TO 90 DAYS FROM THE DATE OF ISSUE. THE VISA WILL BE VALID FOR A STAY ACCORDING TO THE DATES SPECIFIED ON YOUR APPLICATION, NOT TO EXCEED 90 DAYS. THE VALIDITY OF THE VISA AND THE LENGTH OF STAY IS DETERMINED AT THE SOLE DISCRETION OF THE VISA OFFICER.

REVISED: 07-25-2017 (SDL)

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Attach
Photo
Here

EMBASSY OF RWANDA
1875 Connecticut Avenue, NW Suite 418
Washington, D.C., 20009
Tel: (202) 232-2882/3/4
Fax: (202) 232 - 4544

Visa Application Form

1. Visa applied for: Transit: Business: Tourism Other:

2. Date of entrance No of entries:..... Length of stay.....

3. Surname:..... Forenames:.....

4. Date and place of birth:.....

5. Nationality at birth:.....

6. Marital Status: Single: Married: Divorced:

7. Name of spouse.....Nationality.....

8. Date and place of birth of spouse:.....

9. Applicant permanent address:.....

10. Occupation:.....

11. Employer and address:.....

12. Telephone: Office:..... Home:..... E-mail:.....

13. Passport number:.....

14. Name of the institution that issued the passport:.....

15. Date of issue:..... Date of expiry:.....

16. Mother's maiden name:.....

17. Date of your last visit to Rwanda:.....

18. Reason for your present journey:.....

19. Address, telephone/fax contact during your stay in Rwanda:.....

20. Name of children accompanying D.O.B Gender

.....
.....

I hereby confirm that all information provided is the best of my knowledge.

Signature:..... Date:.....

Please do not write below this line (Official use only)

Visa no:..... Valid form:..... To:..... No of entries.....

Date of issue:..... Receipt no:..... Signature:.....