

# 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: [vipinfo@vippassports.com](mailto:vipinfo@vippassports.com)



## WORK ORDER REQUEST FORM

### TRAVELER INFO

TRAVELER NAME

TRAVELER DATE OF BIRTH

DATE OF U.S. DEPARTURE

DATE PASSPORT IS NEEDED

VIP FILE LOCATOR NUMBER

**DON'T FORGET**  
TO FAX OR EMAIL  
YOUR DOCUMENTS TO  
OUR OFFICE FOR OUR  
COMPLIMENTARY  
PASSPORT/VISA  
PRE-CHECK!

### BILLING INFORMATION (CHECK BOX IF SAME AS SHIPPING)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

P.O. OR BILLING REF#:

### RETURN SHIPPING INFORMATION (CHECK BOX TO WAIVE SIGNATURE)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

### METHOD OF PAYMENT

CREDIT CARD

CARD NUMBER

EXP. DATE

CVV CODE

SIGNATURE OF CARD HOLDER

AUTH. AMOUNT \$\_\_\_\_\_

MONEY ORDER

CASHIER'S CHECK

COMPANY CHECK

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

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT TRANSLATIONS & LEGALIZATIONS

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## RWANDA TOURIST VISA

U.S. PASSPORT HOLDER

### DOCUMENTS REQUIRED

PLEASE FORWARD THIS SHEET AND ALL THE REQUIREMENTS TO THE ADDRESS LISTED ABOVE

VALID PASSPORT:	1	APPLICATION (S):	2
PASSPORT TYPE PHOTO (S):	2-COLOR	TRAVEL ITINERARY:	1-COPY
LETTER OF INVITATION:	1-COPY	HOTEL CONFIRMATION:	1-COPY
INT'L HEALTH CERTIFICATE	1-COPY	COPY OF DRIVER'S LICENSE:	1-COPY

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

### PROCESSING FEES

(PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS) \$75.00

CONSULATE FEE: (SEE NEXT PAGE) \_\_\_\_\_

MONEY ORDER: \$6.00

SPECIAL HANDLING FEE: (5 DAYS OR LESS RUSH PROCESS) \_\_\_\_\_

OTHER FEES: \_\_\_\_\_

RETURN SHIPPING FEE: \_\_\_\_\_

TOTAL: (NO PERSONAL CHECKS PLEASE) \_\_\_\_\_

RETURN SHIPPING FEES (SELECT ONE)	
<input type="checkbox"/> PRIORITY OVERNIGHT	\$35.00
<input type="checkbox"/> 2-DAY LETTER	\$27.50
<input type="checkbox"/> 3-DAY LETTER	\$22.50
<input type="checkbox"/> SATURDAY LETTER	\$49.00
<input type="checkbox"/> 1 <sup>ST</sup> OVERNIGHT LETTER	\$85.00

REGULAR PROCESS TIME:	<b>6 TO 14 DAYS</b>
PLEASE MARK THE APPROPRIATE BOX IF YOU NEED VIP TO REQUEST TO HAVE THE VISA ISSUED IN LESS THAN 5 DAYS FROM THE DAY THAT WE SUBMIT YOUR APPLICATION (\$50.00 SPECIAL HANDLING).	

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REVISED: 4-30-2018(JENN)

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

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## **RWANDA TOURIST VISA**

AS OF JANUARY 2018, U.S. CITIZENS CAN OBTAIN A 30-DAY SINGLE ENTRY VISA UPON ARRIVAL. TO AVOID LONG WAITS AT THE POINT OF ENTRY, TRAVELERS MAY ALSO APPLY AND PAY IN ADVANCE. [CLICK HERE](#) TO COMPLETE THE NECESSARY PAPERWORK TO HAVE VIP PROCESS THIS APPLICATION AND PAYMENT ON THE TRAVELER'S BEHALF.

IF YOU WOULD PREFER TO HAVE A VISA ISSUED INTO THE PASSPORT PRIOR TO TRAVEL, 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:**
  - ❖ LIST TENTATIVE DATES
  - ❖ LIST DURATION OF STAY IN RWANDA
  - ❖ DETAIL PURPOSE OF VISIT
  - ❖ 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 (CAN BE COPY OF ORIGINAL CERTIFICATE)
- 9.) **CONSULATE FEE** (\$):

VALIDITY	PROCESS TIME	CONSULATE FEE
30-DAY SINGLE ENTRY	6 TO 14 DAYS	\$50.00
	5 DAYS OR LESS	\$80.00

**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: 4-30-2018 (JENN)**

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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:.....