



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#: _____

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: _____



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VISA INSTRUCTION SHEET

APPLICATION (S) REQUESTED FOR: SAO TOME & PRINCIPE BUSINESS VISA

DOCUMENTS REQUIRED:

| | | | |
|---------------------------|-------------------|-------------------|-------------------|
| VALID PASSPORT: | <u>1</u> | APPLICATION (S): | <u>1</u> |
| PASSPORT TYPE PHOTO (S): | <u>1</u> | ITINERARY/TICKET: | <u>1-COPY</u> |
| INT'L HEALTH CERTIFICATE: | <u>1</u> | COMPANY LETTER: | <u>1</u> |
| COPY OF INVITATION: | <u> </u> | RELEASE LETTER: | <u> </u> |

OTHER: SEE NEXT PAGE FOR MORE DETAILED INSTRUCTIONS.

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

FEES PER PERSON:

| | |
|---|-------------------|
| VIP SERVICE FEE: (REGULAR PROCESS) | <u>\$75.00</u> |
| CONSULATE FEE: | <u> </u> |
| MONEY ORDER: | <u>\$6.00</u> |
| ** <input type="checkbox"/> SPECIAL HANDLING FEE: (24-48 HOUR RUSH PROCESS) | <u> </u> |
| OTHER FEES: | <u> </u> |
| *ADD RETURN FEDERAL EXPRESS FEE: | <u> </u> |
| TOTAL: (NO PERSONAL CHECKS PLEASE) | <u> </u> |

*FEDERAL EXPRESS FEES:

| | |
|-----------------|---------|
| PRIORITY LETTER | \$29.00 |
| 2-DAY LETTER | \$23.50 |
| 3-DAY LETTER | \$19.50 |
| SATURDAY LETTER | \$41.50 |

**VISA PROCESSING TIME

REGULAR PROCESSING TIME: 4-7 DAYS

PLEASE MARK THE APPROPRIATE BOX IF YOU NEED TO HAVE THE VISA ISSUED ON A 24-48 HOUR RUSH PROCESS FROM WHEN WE SUBMIT YOUR APPLICATION (\$20.00 SPECIAL HANDLING FEE).

COMMENTS: _____

REVISED: 01-01-2012 (KS)

Specializing in Visas, Passports, Document Legalization and Translations



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SAO TOME AND PRINCIPE

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 1 YEAR REMAINING VALIDITY)
- 2.) (1) ONE PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (1) ONE COMPLETED APPLICATIONS
(APPLICATIONS CAN BE COPIED)
- 4.) A WRITTEN LETTER OF INTENT
- 5.) A COPY OF YOUR TRAVEL ITINERARY
- 6.) A INTERNATIONAL HEALTH CERTIFICATE SHOWING CURRENT
YELLOW FEVER VACCINATION
- 7.) CONSULATE FEE:
\$60.00 - (3) THREE MONTH SINGLE (REGULAR PROCESS)
\$65.00 - (3) THREE MONTH SINGLE (24-48 HOUR PROCESS)
\$70.00 - (6) SIX MONTH MULTIPLE (REGULAR PROCESS)
\$75.00 - (6) SIX MONTH MULTIPLE (24-48 HOUR PROCESS)

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 1 YEAR REMAINING VALIDITY)
- 2.) (1) ONE PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (1) ONE COMPLETED APPLICATIONS
(APPLICATIONS CAN BE COPIED)
- 4.) A COMPANY LETTER OF GUARANTEE
- 5.) A COPY OF YOUR TRAVEL ITINERARY
- 6.) A INTERNATIONAL HEALTH CERTIFICATE SHOWING CURRENT
YELLOW FEVER VACCINATION
- 7.) CONSULATE FEE:
\$80.00 - (3) THREE MONTH SINGLE (REGULAR PROCESS)
\$85.00 - (3) THREE MONTH SINGLE (24-48 HOUR PROCESS)
\$90.00 - (6) SIX MONTH MULTIPLE (REGULAR PROCESS)
\$95.00 - (6) SIX MONTH MULTIPLE (24-48 HOUR PROCESS)

REVISED: 01-01-2006



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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!**



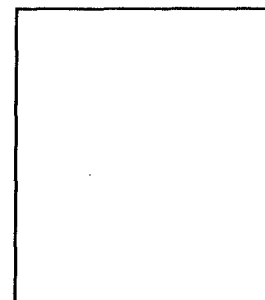
Embassy of São Tomé e Príncipe
1211 Connecticut Avenue, NW, Suite 300
Washington, DC 20036

**PEDIDO DE VISTO
VISA APPLICATION FORM**

Please complete the form in black ink. Check the boxes that apply and attach:

- ✓ Valid passport
- ✓ Two recent passport size pictures

| | | | |
|----------|-----------|-------------|-----------------------|
| TRANSIT | ORDINARY | WORK PERMIT | RESIDENT PERMIT |
| TRÂNSITO | ORDINÁRIO | TRABALHO | FIXAÇÃO DE RESIDÊNCIA |



PERSONAL DETAILS

Dados Pessoais

1. Name: _____ 2. Surname: _____ 3. Sex: M F
Nome Apellido Sexo

4. Date of Birth (dd/mm/yy): _____ 5. Nationality: _____ 6. Nationality of Origin _____
Data de nascimento Nacionalidade Nacionalidade de origem

7. Place of Birth: _____ 8. Country of Birth: _____ 9. Other nationalities: _____
Local de nascimento País onde nasceu Outras nacionalidades

10. Father's name: _____ 11. Mother's name: _____
Nome do pai Nome da mãe

12. Marital status: Single Married Separate Divorced Widowed
Estado civil Solteiro(a) Casado(a) Separado(a) Divorciado(a) Viúvo(a)

13. Mailing address: _____ Tel.: _____
Endereço fixo Tel

14. Trade or Profession: _____ 15. Employer: _____
Ocupação ou profissão Entidade patronal

16. Office/Employer's address: _____ Tel: _____
Escritório/Endereço da entidade patronal Tel

17. Individual traveling with: _____
Pessoas que o(a) acompanham

18. Person, company or Institution to be contacted in São Tomé: _____
Pessoa, companhia ou instituição a contactar em São Tomé

19. Name of persons who can provide information: (Name of references, address and nationality phone/fax) _____
Nome da pessoa que pode fornecer informações

Intended length of stay in São Tomé _____
Período de permanência em São Tomé

PASSPORT INFORMATION

Informação sobre o passaporte

20. Ordinary passport _____ Diplomatic/Official passport _____ Other document: _____ Passport No. _____
Passaporte ordinário Passaporte diplomático/oficial Outro documento No. do passaporte

21. Name of issuing authority _____ 22. Issue date (dd/mm/yy): _____ 23. Valid until (dd/mm/yy): _____
Nome da entidade emissora Data de emissão Validade

Signed _____

Date _____

Note/Comments _____

FOR OFFICIAL USE ONLY:

| |
|---|
| Pagou: Cheque No. Cash |
| No. do Visto: |
| Data: |
| Parecer dos Serviços Consulares |
| _____ |
| O Encarregado para os Assuntos Consulares |
| _____ |