



# 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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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



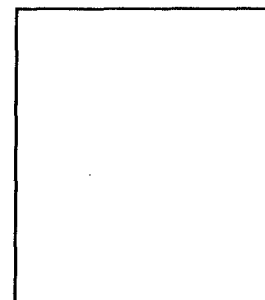
Embassy of São Tomé e Príncipe  
 1211 Connecticut Avenue, NW, Suite 300  
 Washington, DC 20036

**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
_____