



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#: _____

CREDIT CARD INFORMATION:

TYPE OF CARD: _____
CARD #: _____
EXPIRATION DATE: _____

AUTHORIZED AMOUNT TO CHARGE MY CREDIT CARD: US\$ _____

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: _____

HOW DID YOU HEAR ABOUT VIP?

REPEAT CUSTOMER__ INTERNET__ REFERRED__ BY__ WALK-IN__



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VISA INSTRUCTION SHEET

APPLICATION (S) REQUESTED FOR: SIERRA LEONE BUSINESS VISA

DOCUMENTS REQUIRED:

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

OTHER: PLEASE ALSO SEND A CLEAR COPY OF THE FRONT AND BACK OF THE U.S. GREEN CARD OR THE ORIGINAL I-94 AND U.S. VISA- PLEASE SEE THE 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: (SEE NEXT PAGE)	<u> </u>
MONEY ORDER:	<u>\$3.00</u>
** <input type="checkbox"/> SPECIAL HANDLING FEE: (48 TO 72 HOUR 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 TO 7 DAYS

PLEASE MARK THE APPROPRIATE BOX IF YOU WANT VIP TO REQUEST FOR THE VISA TO BE ISSUED WITHIN 48 TO 72 HOURS FROM THE DATE THE APPLICATION IS SUBMITTED TO THE EMBASSY (\$20.00 SPECIAL HANDLING FEE).

COMMENTS: _____

REVISED: 03-25-2012 (SDL)



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SIERRA LEONE

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

BUSINESS VISA:

- 1.) PASSPORT (MINIMUM OF 6 MONTHS REMAINING VALIDITY)
- 2.) (1) ONE PASSPORT-TYPE PHOTOGRAPH (2x2)
- 3.) (1) ONE COMPLETED APPLICATION
- 4.) COPY OF YOUR TRAVEL ITINERARY STATING THAT ROUND TRIP TICKETS HAVE BEEN PURCHASED
- 5.) COMPANY LETTER OF GUARANTEE
- 6.) YOUR INTERNATIONAL HEALTH CERTIFICATE SHOWING A CURRENT YELLOW FEVER IMMUNIZATION.
- 7.) COPY OF THE INVITATION FROM YOUR SPONSOR IN SIERRA LEONE
- 8.) COPY OF THE FRONT AND BACK OR YOUR USA GREEN CARD OR THE ORIGINAL I-94 AND USA VISA (IF AVAILABLE) -THE CONSULATE WILL PROCESS THE APPLICATION IF YOU DO NOT HAVE A USA GREEN CARD OR A USA VISA BUT EXPECT THE PROCESS TO TAKE AN EXTRA DAY TO BE COMPLETED
- 9.) CONSULATE FEES LISTED BELOW:

	<u>CONSULATE FEES</u>	<u>CONSULATE FEES</u>
	<u>Single</u>	<u>Multiple</u>
	(6 months)	(One-Year)
United States Passport holders	-	\$140.00
Canadian Passport holders	\$75.00	\$150.00
British Passport holders	\$137.00	\$431.00
Others	\$40.00	\$80.00
**Additional rush consulate fees	\$50.00	\$50.00

****RUSH PROCESSING: THE EMBASSY WILL ISSUE THE VISA IN LESS THAN 4 DAYS WHEN PAYING THE RUSH \$50.00 CONSULATE FEES.**

VALIDITY: YOU MAY STAY UP TO (3) THREE MONTHS IN SIERRA LEONE.

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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!

Tel: (202) 939-9261/9262
Fax: (202) 483-1793



EMBASSY OF SIERRA LEONE
1701 Nineteenth Street, N.W.
Washington, D.C. 20009

EMBASSY OF THE REPUBLIC OF SIERRA LEONE

VISA APPLICATION FORM

VISA APPLICATION FOR SIX MONTHS () OR ONE YEAR ()

SURNAME _____ FIRST NAME _____ MIDDLE NAME _____

SEX _____ MARITAL STATUS _____ TELEPHONE NO _____

HOME ADDRESS _____

PLACE OF BIRTH _____ DATE OF BIRTH _____ OCCUPATION _____

NATIONALITY AT BIRTH _____ CURRENT NATIONALITY _____

EMPLOYER'S NAME AND ADDRESS _____

PASSPORT TYPE: _____ PASSPORT NO _____ PLACE OF ISSUE _____

EXPIRATION DATE _____ PURPOSE OF VISIT _____

PROPOSED DATE OF ARRIVAL _____ DURATION OF STAY _____

NAME AND PHONE NUMBER OF REFEREE IN SIERRA LEONE _____

PROPOSED ADDRESS IN SIERRA LEONE _____

VACCINATION CERTIFICATE DATE AND NUMBER FOR YELLOW FEVER _____

BANK REFERENCE (IF NONE, PROOF OF SUFFICIENT MEANS OF MAINTENANCE) _____

Date _____

Signature of Applicant _____

FOR OFFICIAL USE

APPROVING OFFICER _____ SIGNATURE _____ DATE _____

FEE _____ VISA NO. _____ GENERAL RECEIPT NO. _____

Revised 05/07/08