



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

### 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\_\_

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



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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 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)	_____
MONEY ORDER:	<u>\$3.00</u>
** <input type="checkbox"/> SPECIAL HANDLING FEE: (48 TO 72 HOUR PROCESS)	_____
OTHER FEES: _____	_____
*ADD RETURN FEDERAL EXPRESS FEE:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

### \*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: 05-21-2012 (KS)



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## SIERRA LEONE

### PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

#### TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 1 YEAR REMAINING VALIDITY WITH AT LEAST 1 BLANK VISA PAGE)
- 2.) (1) ONE PASSPORT-TYPE PHOTOGRAPH (2x2)
- 3.) (1) ONE COMPLETED APPLICATION (IF APPLICANT IS A MINOR PLEASE CALL OUR OFFICE FOR FURTHER DETAILED INFORMATION)
- 4.) A COPY OF YOUR ITINERARY STATING THAT ROUND TRIP TICKETS HAVE BEEN PURCHASED
- 5.) COPY OF CURRENT BANK STATEMENT SHOWING A BALANCE OF AT LEAST \$100.00 PER DAY OF STAY
- 6.) YOUR INTERNATIONAL HEALTH CERTIFICATE SHOWING A CURRENT YELLOW FEVER IMMUNIZATION
- 7.) CONSULATE FEE:  
    \$160.00 - MULTIPLE ENTRY (REGULAR PROCESS)  
    \$210.00 - MULTIPLE ENTRY (RUSH PROCESS)

#### BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 1 YEAR REMAINING VALIDITY AND HAVE AT LEAST 1 BLANK VISA PAGE)
- 2.) (1) ONE PASSPORT-TYPE PHOTOGRAPH (2x2)
- 3.) (1) ONE COMPLETED APPLICATION
- 4.) COPY OF YOUR 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.) CONSULATE FEE:  
    \$160.00 - MULTIPLE ENTRY (REGULAR PROCESS)  
    \$210.00 - MULTIPLE ENTRY (RUSH PROCESS)

**VALIDITY:** THE VALIDITY, DURATION OF STAY, AND NUMBER OF ENTRIES OF THE VISA IS ISSUED AT THE DISCRETION OF THE CONSULAR OFFICERS, BUT ARE NORMALLY ISSUED AND VALID FOR ONE (1) YEAR WITH MULTIPLE ENTRIES.

REVISED: 05-21-2012 (KS)



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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*