



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 Email: info@vippassports.com

WORK ORDER REQUEST FORM

(RETURN THIS FORM WITH EACH REQUEST)

BILLING INFORMATION:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
CITY/ST: _____
PHONE: _____
CELL: _____
FAX: _____
EMAIL: _____

RETURN DOCUMENTS TO:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
CITY/ST: _____
PHONE: _____
CELL: _____
FAX: _____
EMAIL: _____

CREDIT CARD INFORMATION:

CARD#: _____
EXP. DATE: _____ CVV#: _____

**SIGNATURE OF CARD HOLDER
REQUIRED:** _____

BILLING INSTRUCTIONS:

YOUR P.O. OR REF#: _____

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

TRAVELERS NAME: _____

DATE OF USA DEPARTURE: _____

DATE OF BIRTH: _____

DATE YOU NEED PASSPORT: _____

VIP RESERVATION/FILE LOCATOR NUMBER: _____

SPECIAL INSTRUCTIONS: _____

HOW DID YOU HEAR ABOUT VIP?

REPEAT CUSTOMER__ INTERNET__ REFERRED__ BY_____ WALK-IN__



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SIERRA LEONE TOURIST VISA *NON-U.S. PASSPORT HOLDERS*

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>N/A</u> | INT'L HEALTH CERTIFICATE: | <u>1</u> |
| COPY OF INVITATION: | <u>N/A</u> | RELEASE LETTER: | <u>N/A</u> |

OTHER: ALSO SEND A CLEAR COPY OF THE FRONT AND BACK OF THE U.S. GREEN CARD OR ORIGINAL U.S. VISA AND I-94 (VISIT www.cbp.gov/i94)
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>\$95.00</u> |
| CONSULATE FEE: (SEE NEXT PAGE) | <u> </u> |
| MONEY ORDER: | <u>\$6.00</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 |
| 1 ST OVERNIGHT DELIVERY | \$75.00 |

**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: 1-13-2016* (JENN)



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SIERRA LEONE

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

TOURIST VISA:

- 1.) **PASSPORT** (MINIMUM OF 12 MONTHS REMAINING VALIDITY)
- 2.) **ONE (1) PASSPORT-TYPE PHOTOGRAPH** (2x2)
- 3.) **ONE (1) COMPLETED APPLICATION**
- 4.) **ONE (1) COPY OF TRAVEL ITINERARY** SHOWING ROUND-TRIP TICKETS HAVE BEEN PURCHASED
- 5.) **ONE (1) INTERNATIONAL HEALTH CERTIFICATE** SHOWING VACCINATION FOR YELLOW FEVER
- 7.) ***PROOF OF LEGAL U.S. STATUS:**
(PLEASE SUBMIT ONE OF THE FOLLOWING)
 - COPY OF THE FRONT AND BACK OF U.S. GREEN CARD
 - THE ORIGINAL U.S. VISA AND I-94 (VISIT www.cbp.gov/i94)

**THE CONSULATE WILL PROCESS THE APPLICATION IF APPLICANT DOES NOT HAVE A U.S. GREEN CARD OR A U.S. VISA BUT EXPECT THE PROCESS TO TAKE AN EXTRA COUPLE OF DAYS TO BE COMPLETED*

| <u>NATIONALITY</u> | <u>CONSULATE FEES</u> | <u>CONSULATE FEES</u> |
|----------------------------------|-------------------------|--------------------------|
| | <u>Single (6 MONTH)</u> | <u>MULTIPLE (1 YEAR)</u> |
| Canadian Passport holders | \$75.00 | \$150.00 |
| British Passport holders | \$229.00 | \$523.00 |
| 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 A \$50.00 RUSH FEE IN ADDITION TO THE OTHER STANDARD CONSULATE FEE.

VALIDITY: VISAS ARE USUALLY ISSUED ALLOWING THE TRAVELER TO STAY UP TO (3) THREE MONTHS IN SIERRA LEONE.

REVISED: 5-4-2015 (JENN)

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