



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__



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

VISA INSTRUCTION SHEET

APPLICATION (S) REQUESTED FOR: SIERRA LEONE TOURIST 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>
BANK STATEMENT:	<u>1-COPY</u>	INT'L HEALTH CERTIFICATE:	<u>1</u>
COPY OF INVITATION:	<u>N/A</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>\$6.00</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 THE VISA TO BE ISSUED WITHIN 48 TO 72 HOURS FROM THE DAY WE SUBMIT THE APPLICATION TO THE EMBASSY (\$20.00 SPECIAL HANDLING FEE).

COMMENTS: _____

REVISED: 05-21-2012 (KS)



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

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)

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