

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: vipinfo@vippassports.com



WORK ORDER REQUEST FORM

TRAVELER INFO

TRAVELER NAME

TRAVELER DATE OF BIRTH

DATE OF U.S. DEPARTURE

DATE PASSPORT IS NEEDED

VIP FILE LOCATOR NUMBER

DON'T FORGET
TO FAX OR EMAIL
YOUR DOCUMENTS TO
OUR OFFICE FOR OUR
COMPLIMENTARY
PASSPORT/VISA
PRE-CHECK!

BILLING INFORMATION (CHECK BOX IF SAME AS SHIPPING)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

P.O. OR BILLING REF#:

RETURN SHIPPING INFORMATION (CHECK BOX TO WAIVE SIGNATURE)

CONTACT & COMPANY NAME

ADDRESS (STREET, CITY, STATE, ZIP)

PHONE NUMBER

CELL NUMBER

FAX NUMBER

EMAIL

METHOD OF PAYMENT

CREDIT CARD

CARD NUMBER

EXP. DATE

CVV CODE

SIGNATURE OF CARD HOLDER

AUTH. AMOUNT \$_____

MONEY ORDER

CASHIER'S CHECK

COMPANY CHECK

SPECIAL INSTRUCTIONS: _____

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT TRANSLATIONS & LEGALIZATIONS

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SOUTH SUDAN ENTRY VISA

U.S. PASSPORT HOLDER

DOCUMENTS REQUIRED

PLEASE FORWARD THIS SHEET AND ALL THE REQUIREMENTS TO THE ADDRESS LISTED ABOVE

VALID PASSPORT:	1	APPLICATION (S):	1
PASSPORT TYPE PHOTO (S):	2-COLOR	TRAVEL ITINERARY:	1-COPY
SUPPORT LETTER:	1		

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

PROCESSING FEES

(PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS)	<u> \$95.00</u>
CONSULATE FEE: (SEE NEXT PAGE)	<u> \$160.00</u>
MONEY ORDER:	<u> \$6.00</u>
OTHER FEES: _____	_____
RETURN SHIPPING FEE:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

RETURN SHIPPING FEES (SELECT ONE)	
<input type="checkbox"/> PRIORITY OVERNIGHT	\$35.00
<input type="checkbox"/> 2-DAY LETTER	\$27.50
<input type="checkbox"/> 3-DAY LETTER	\$22.50
<input type="checkbox"/> SATURDAY LETTER	\$49.00
<input type="checkbox"/> 1 ST OVERNIGHT LETTER	\$85.00

REGULAR PROCESS TIME:	5 TO 7 DAYS

COMMENTS: THE VISA OFFICER RECOMMENDS THAT YOU DO NOT BUY NON-REFUNDABLE
OR NON-CHANGEABLE AIRLINE TICKETS UNTIL THE VISA HAS BEEN ISSUED
AND THE PASSPORT IS IN-HAND.

REVISED 12-11-2018 JENN

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SOUTH SUDAN ENTRY VISA

U.S. PASSPORT HOLDER

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

1.) **U.S. PASSPORT**

- MINIMUM OF 6 MONTHS REMAINING VALIDITY FROM DATE OF ARRIVAL IN SOUTH SUDAN
- LEAST 1 BLANK VISA PAGE

2.) **TWO (2) PASSPORT-TYPE PHOTOGRAPH (2x2)**

3.) **ONE (1) COMPLETED APPLICATION**

4.) **ONE (1) SUPPORT LETTER EXPLAINING PURPOSE OF TRAVEL** (PLEASE SUBMIT AT LEAST ONE OF THE FOLLOWING) :

- OFFICIAL LETTER FROM U.S. ORGANIZATION
- INVITATION LETTER ADDRESSED TO THE EMBASSY FROM YOUR ORGANIZATION IN SOUTH SUDAN

5.) **COPY OF THE TRAVEL ITINERARY**

6.) **CONSULATE FEES**: \$160.00

VALIDITY: VISAS ARE VALID FOR A SINGLE ENTRY TO BE USED WITHIN (30) THIRTY DAYS FROM DATE OF ISSUE. THE AMOUNT OF TIME YOU MAY STAY IN SOUTH SUDAN IS DETERMINED BY THE VISA OFFICER ON AN INDIVIDUAL CASE BY CASE BASIS.

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EXAMPLE OF A COMPANY LETTER OF GUARANTEE

DO NOT ATTENTION THIS LETTER TO VIP SERVICES!

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.



Republic of South Sudan
Ministry of Interior
Directorate of Nationality, Passports and Immigration



Visa Application Form
Form 5A
(FILL OUT IN CAPITAL LETTERS ONLY)

Warning: giving false information is considered a crime in accordance with the Passport and Immigration Act, 2011. Visa fees are non-refundable. Visa is not transferable and attempt to do so is considered a crime.

Place of Application Date:/...../20.....

Have you Previously Applied for South Sudan Visa. Yes No

If yes, Previous visa No: Date of Issue.....Place
of Issue.....Date of Arrival in south Sudan.....Point of
Entry.....point of Exit.....

1. **Visa Type Requested:** Single: Multiple: Transit: Other: (Specify).....

Purpose of visit: Visit Education Tourism Medical treatment Official Other (Specify)
.....

Duration of Intended Stay.....Date of Intended Arrival in South
Sudan.....

Mode of Transport: Air Road/Trail River

2. Personal Details (As in Passport)

Surname:

Given Names:

Date of Birth (Day/Month/Year):/...../.....

Place of Birth:Country of Birth.....

Sex: Male Female

Marital Status: Single Married Divorced Widowed

Nationality / Citizenship:

.....

(If dual, give both)

3. Passport Details:

4. Passport Type: Regular Diplomatic Special Business Other (specify)

Passport No: Date of Issue (Day/Month/Year):/...../.....

Country of Issue: Date of Expiry (Day/Month/Year):/...../..... Place of Issue:

.....

5. Professional / Occupation Details:

Present Occupation: Title:

Employer Name:

Employer Address:

.....

..... Phone No:

E-mail:

6. Applicant's Contact Details:

Present Address:

.....

.....

.....

Permanent Country of Origin Address:

.....

.....

Phone No: Mobile No:

E-mail Address:

7. Family Details:

Spouse Details

Surname:

Given Names:

Permanent Address:

.....

.....

Phone No: Mobile No:

E-mail Address:

Next of Kin Details

Surname:

Given Names:

Permanent Address:

.....
.....

Phone No: Mobile No.....

E-mail Address:

8. Have you ever:

- a) Been convicted of a crime or offence in any country? Yes No
- b) Been deported or removed from South Sudan or any country for overstaying your visa or violating any law or regulation? Yes No
- c) Been convicted and sentenced for a drug offence in any country in violation of law concerning narcotics, marijuana, opium, stimulants or psychotropic substances? Yes No
- d) Committed trafficking in persons or incited or aided another to commit such an offence? Yes No
- e) Are you suffering from tuberculosis, any other infectious or contagious disease Yes No

If you answer yes to any of the questions above, provide explanation below:

.....
.....

Address of Place of Stay / Hotel:

.....
.....

Funds Available For My Stay

9. Guarantor or references in South Sudan:

Name: Telephone No.:

Address.....

Date of Birth (Day/Month/Year) :/...../..... Sex: Male Female

Relationship to Applicant:
.....

Profession/occupation:

Nationality and Immigration Status:

10. Declaration:

I declare that the information provided in this form is true and accurate.

Signature of the applicant (Sign below here) Date (Write below here)
..... :/...../.....

FOR OFFICIAL USE

Approving Authority:

Officer Name: Title:

Entry Type: Single Multiple Period of stay

Officer's Signature: Date (Day/Month/Year):
...../...../.....

Comments:
.....
.....

Fees

Amount:

Date of Receipt: Receipt No:

Designated Officer's Name: Title:

Signature and stamp

Visa Number: