



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_____

Specializing in Visas, Passports, Document Legalization and Translations



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

VISA INSTRUCTION SHEET

APPLICATION (S) REQUESTED FOR: SOUTH SUDAN BUSINESS VISA

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>1</u>	APPLICATION (S):	<u>1</u>
PASSPORT TYPE PHOTO (S):	<u>2</u>	TRAVEL ITINERARY:	<u>1-COPY</u>
COMPANY LETTER:	<u>1</u>	INT'L HEALTH CERTIFICATE:	<u>N/A</u>
COPY OF INVITATION:	<u>1</u>	RELEASE LETTER:	<u>N/A</u>
OTHER: <u>SEE NEXT PAGES FOR MORE DETAILED INFORMATION.</u>			

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

FEES PER PERSON:

VIP SERVICE FEE:	<u>\$75.00</u>
CONSULATE FEE:	<u>\$160.00</u>
MONEY ORDER FEE:	<u>\$6.00</u>
OTHER FEES: _____	_____
*ADD RETURN FEDERAL EXPRESS:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

*FEDERAL EXPRESS FEES:

PRIORITY LETTER	\$29.00	AVERAGE PROCESSING TIME	<u>5 TO 7 DAYS</u>
2-DAY LETTER	\$23.50	PREPARED BY:	_____
3-DAY LETTER	\$19.50	TODAY'S DATE:	_____
SATURDAY LETTER	\$41.50		

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

REVISED: 01-12-2015 (SDL)

Specializing in Visas, Passports, Document Legalization and Translations



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

SOUTH SUDAN

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

ENTRY/VISIT VISA:

- 1.) U.S.A. PASSPORT (MINIMUM OF 6 MONTHS REMAINING VALIDITY WITH AT LEAST 1 BLANK VISA PAGE)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPH (2x2)
- 3.) (1) ONE COMPLETED APPLICATION
- 4.) DETAILED COMPANY LETTER OF GUARANTEE FROM THE US EMPLOYER
- 5.) COPY OF THE INVITATION FROM YOUR SPONSOR IN SOUTH SUDAN
- 6.) COPY OF THE TRAVEL ITINERARY
- 7.) 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.

REVISED: 01-12-2015 (SDL)



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

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!



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: