



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 ELECTRONIC RETURNS

(RETURN THIS FORM WITH EACH REQUEST)

BILLING INFORMATION:

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

PLEASE LIST THE EMAIL ADDRESS THE COMPLETED DOCUMENT IS TO BE SENT, IF

DIFFERENT FROM ABOVE: _____

CREDIT CARD INFORMATION:

BILLING INSTRUCTIONS:

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

YOUR P.O. OR REF#: _____

**SIGNATURE OF CARD HOLDER
REQUIRED:** _____

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

TRAVELERS NAME: _____

DATE OF USA DEPARTURE: _____

DATE OF BIRTH: _____

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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SRI LANKA TOURIST E.T.A. *U.S. PASSPORT HOLDER*

DOCUMENTS REQUIRED:

VALID PASSPORT:	<u>1-COLOR COPY</u>	APPLICATION (S):	<u>1-COPY</u>
PASSPORT TYPE PHOTO:	<u>N/A</u>	TRAVEL ITINERARY:	<u>1-COPY</u>
COMPANY LETTER:	<u>N/A</u>	HOTEL CONFIRMATION:	<u>N/A</u>
COPY OF INVITATION:	<u>N/A</u>	BANK STATEMENT:	<u>N/A</u>
OTHER:	<u>SEE NEXT PAGE FOR MORE DETAILED INSTRUCTIONS.</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>\$40.00</u>
MONEY ORDER FEE:	<u>\$6.00</u>
OTHER FEES: _____	_____
*ADD RETURN FEDERAL EXPRESS FEE:	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

***RETURN OF VISA:**

THE E-VISA WILL BE EMAILED
 BACK TO THE REQUESTER, SO
 PLEASE BE SURE THAT THE EMAIL
 ADDRESS LISTED ON THE WORK
 ORDER IS CORRECT.

****E-VISA PROCESSING TIME**

REGULAR PROCESSING TIME: 4 TO 7 DAYS

COMMENTS: _____

REVISED: 2-23-2016 (JENN).



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SRI LANKA TOURIST E.T.A.

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

IF YOU WILL BE TRAVELING TO SRI LANKA FOR A STAY OF LESS THAN THIRTY (30) DAYS, YOU MAY APPLY FOR AN ETA PRIOR TO TRAVEL. [CLICK HERE](#) IF YOU WILL BE STAYING FOR MORE THAN THIRTY (30) DAYS AND/OR YOU WOULD LIKE TO OBTAIN YOUR VISA IN ADVANCE. OTHERWISE, PLEASE SUBMIT THE FOLLOWING DOCUMENTS TO OUR OFFICE VIA EMAIL OR FAX:

- 1.) **ONE (1) COLOR COPY OF VALID U.S. PASSPORT** *(MUST HAVE AT LEAST ONE BLANK VISA PAGE AND BE VALID FOR AT LEAST 6 MONTHS FROM THE DATE THE APPLICATION HAS BEEN SUBMITTED)*
- 2.) **ONE (1) COMPLETED ETA APPLICATION**
- 3.) **COPY OF TRAVEL ITINERARY**
- 4.) **CONSULATE FEE: \$40.00**

VALIDITY: VISAS ARE VALID UP TO A STAY OF UP TO THIRTY (30) DAYS FROM THE DATE OF ENTRY. THE VALIDITY, DURATION OF STAY, AND NUMBER OF ENTRIES OF ALL VISAS ARE ISSUED AT THE SOLE DISCRETION OF THE VISA OFFICER. ONCE THE ETA HAS BEEN APPROVED, IT MUST BE USED WITHIN 180 DAYS FROM THE DATE OF ISSUE. THE VISA OFFICER RECOMMENDS THAT THE APPLICANT SHOULD NOT PURCHASE NON-REFUNDABLE OR NON-CHANGEABLE AIRLINE TICKETS UNTIL THE VISA HAS BEEN ISSUED AND THE PASSPORT IS IN-HAND.

REVISED: 2-23-2015 (JEN)

ETA Application for Tourist Purpose – Individual

Applicant Information – Individual Application – Tourist ETA

Surname / Family Name*

Other / Given Names*

Title* Mr. Mrs. Miss. Ms. Rev. Dr. Master

Date of Birth* Year Month Day

Gender* Male Female

Nationality*

Country of Birth*

Occupation

Passport Number*

Passport Issued Date* Year Month Day

Passport Expiry Date* Year Month Day

Child Information

	Surname/Family Name*	Other/Given Names*	Date of Birth* yyyy/mm/dd	Gender*	Relationship*
1					
2					
3					
4					
5					
6					

Travel Information

Intended Arrival Date* yyyy/mm/dd	Purpose of Visit*	Port of Departure	Flight Number & Name of Airline / Vessel
	<input type="checkbox"/> Visiting friends and relatives. <input type="checkbox"/> Sightseeing or Holidaying. <input type="checkbox"/> Medical treatment. <input type="checkbox"/> Participation sports, cultural performance.		

Contact Details

Address in the Country & Domicile					Address in Sri Lanka*
Number & Street*	City*	State*	Zip/Postal Code	Country	

E- mail Address	Telephone Number*	Mobile Number	Fax Number

Declarations

Do you have valid resident VISA?*

Yes No

Are you currently in Sri Lanka and possess an ETA*

Yes No

Do you have valid multiple entry VISA?*

Yes No

*** Mandatory Fields**

I solemnly declare that the information furnished by me in this application is true and I have not willfully suppressed any information that is required, that in the event of issue of visa I shall comply with the terms and conditions subject to which the visa is granted, and that I shall not engage myself in any employment, paid or unpaid, or in any business or trade other than the purpose of visit is granted, and that I shall notify the Controller of Immigration and Emigration of any change in my addresses during my stay in Sri Lanka.

Date:

.....
Signature of applicant