

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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TANZANIA BUSINESS 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-TYPED |
| PASSPORT TYPE PHOTO (S): | 1-COLOR | TRAVEL ITINERARY: | 1-COPY |
| COMPANY LETTER: | 1 | COPY OF INVITE: | 1-IF AVAILABLE |

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

PROCESSING FEES

(PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS) \$75.00

CONSULATE FEE: (SEE NEXT PAGE) _____

MONEY ORDER: \$6.00

SPECIAL HANDLING FEE: (RUSH PROCESS - LESS THAN 5 DAYS) _____

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: | 7 TO 10 DAYS |
| PLEASE MARK THE APPROPRIATE BOX IF YOU NEED VIP TO REQUEST TO HAVE THE VISA ISSUED IN LESS THAN 5 DAYS FROM THE DAY THAT WE SUBMIT YOUR APPLICATION (\$50.00 SPECIAL HANDLING). | |

COMMENTS: _____

REVISED:4-30-2018 (JENN)

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TANZANIA BUSINESS VISA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

1.) U.S. PASSPORT

- MUST HAVE AT LEAST TWO BLANK SIDE-BY-SIDE VISA PAGES
- MUST HAVE A MINIMUM OF 6 MONTHS REMAINING VALIDITY

2.) TWO (2) PASSPORT-TYPE PHOTOGRAPHS (2x2) – MUST HAVE BOTH EARS SHOWING IN PHOTO

3.) ONE (1) COMPLETED APPLICATION

4.) ONE (1) COPY OF THE INVITATION (IF AVAILABLE)

5.) ONE (1) COMPANY LETTER OF GUARANTEE

6.) ONE (1) COPY OF TRAVEL ITINERARY

7.) ONE (1) COPY OF INT'L HEALTH CERT (SEE BELOW)

8.) CONSULATE FEE:

| PROCESS SPEED | CONSULATE FEE |
|------------------------|---------------|
| REGULAR (7 TO 10 DAYS) | \$250.00 |
| 4 DAY RUSH | \$270.00 |
| 24 TO 48 HOUR RUSH | \$300.00 |

VALIDITY: THE VALIDITY, DURATION OF STAY AND NUMBER OF ENTRIES OF THE VISA IS ISSUED AT THE DISCRETION OF THE CONSULAR OFFICERS, WHOSE DECISIONS ARE BASED ON THE LAWS AND REGULATIONS OF TANZANIA. THE CONSULAR OFFICERS HAVE THE AUTHORITY TO REFUSE ANY VISA APPLICATIONS INCONSISTENT WITH TANZANIA LAWS AND REGULATIONS, OR REVOKE ISSUED VISAS. YOU MAY ENTER TANZANIA UP TO/BEFORE THE EXPIRATION DATE LISTED ON YOUR VISA AND STAY FOR THE "DURATION OF STAY" AS INDICATED ON YOUR VISA.

IMMUNIZATIONS: VACCINATION AGAINST CHOLERA AND MALARIA IS RECOMMENDED. YELLOW FEVER VACCINATION IS REQUIRED FOR ALL PASSENGERS ENTERING TANZANIA FROM YELLOW FEVER ENDEMIC COUNTRIES/REGIONS. ALL INDIVIDUALS IN TRANSIT FOR 12 HOURS OR MORE AND/OR LEAVE THE IMMEDIATE AIRPORT VICINITY IN A YELLOW FEVER ENDEMIC AREA ARE REQUIRED TO GET VACCINATED. ALL INDIVIDUALS FROM YELLOW FEVER ENDEMIC REGIONS TRAVELING BY WAY OF AIR, MARINE, AND LAND ARE REQUIRED TO BE VACCINATED.

REVISED: 4-30-2018 (SDL)

Specializing in Visas, Passports, Document Legalization and Translations



THE EMBASSY OF THE UNITED REPUBLIC OF TANZANIA.

2139 R Street, NW Washington, DC, 20008.
Tel. (202) 939.6125 and (202) 884.1080 Fax (202) 797.7408.

FOR OFFICIAL USE ONLY

GRR NO. _____

VISA NO. _____

Ref. NO. _____

VISA APPLICATION FORM.

(Visa Regulations on the next page).

2 Passport Size
Photograph
Size: 2x2
Do not paste or
staple

- Surname or Family Name (Mr./Mrs./Miss/Ms/Dr./Prof.) _____
First Names in Full _____
Former or Maiden Name (if different from above) _____
- Date of Birth (DD/MM/YY) _____ Sex (M/F) _____
- Place of Birth _____ Country of Birth _____
Current Nationality (State if Dual Nationality) _____
Nationality at Birth _____
- Marital Status (Mark): Single Married Divorced Widowed Legally Separated.
- Passport No _____ Date Issued _____ Valid Until _____
Issued At _____ Issuing Authority _____
- Profession/Occupation _____
Employer Address: _____
- Current Address _____
Tel. _____ Fax _____ E-mail _____
- Name of Travel Agent/Tour Operator _____
- Contact Person(s) in Tanzania _____
Address _____
- Date of Entry _____ Departure Date _____
Duration of Stay _____ (Max. 90 Days)
Type of Visa Requested Travel Visa Transit Visa
- Purpose of visit**

| | | |
|--|---|---|
| <input type="checkbox"/> Leisure, Holiday | <input type="checkbox"/> Other Business | <input type="checkbox"/> Various |
| <input type="checkbox"/> Visiting friends, relatives | <input type="checkbox"/> Study | <input type="checkbox"/> Diplomatic |
| <input type="checkbox"/> Mission | <input type="checkbox"/> Transit | <input type="checkbox"/> Official |
| <input type="checkbox"/> Meeting, Conference | <input type="checkbox"/> Health Treatment | <input type="checkbox"/> Same day visitor |
- Requested Number of Entries: Single Double Multiple.
- In Case Of Transit: Do you have an Entry Permit for the Final Country of Destination? No Yes Valid Until: _____
- Budget Available For Your Stay _____
- I Hereby Declare That The Information Stated Above Is True And Correct :

Signature of Applicant _____ Date _____

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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.