



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: _____

<u>VISA PROCESSING</u>	<u>AND</u>	<u>CONSULATE FEES:</u>
<u>LIST COUNTRIES</u>	<u>AND</u>	<u>CONSULATE FEES:</u>
_____	-	\$ _____
_____	-	\$ _____
_____	-	\$ _____

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_____



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VISA INSTRUCTION SHEET

APPLICATION (S) REQUESTED FOR: TANZANIA 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>1</u>
COPY OF INVITATION:	<u>1</u>	RELEASE LETTER:	<u>N/A</u>

OTHER: PLEASE SEE 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>\$3.00</u>
** <input type="checkbox"/> SPECIAL HANDLING FEE: (48 TO 72 HOUR RUSH 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 NEED VIP TO REQUEST TO HAVE THE VISA ISSUED WITHIN 48 TO 72 HOURS FROM THE DAY THE APPLICATION IS SUBMITTED (\$20.00 SPECIAL HANDLING FEE).

COMMENTS: _____

REVISED: 02-08-2011 (KS)



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TANZANIA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (1) ONE COMPLETED APPLICATION
- 4.) INTERNATIONAL HEALTH CERTIFICATE (SHOWING YELLOW FEVER VACCINATION)
- 5.) COPY OF YOUR TRAVEL ITINERARY/TICKET
- 6.) COPY OF THE DAY BY DAY ITINERARY-IF YOU ARE TRAVELING WITH A TOUR GROUP OR SAFARI GROUP, PLEASE BE SURE TO INCLUDE THE LOCATIONS AND CONTACT INFORMATION FOR EACH PLACE OF STAY FOR THE ENTIRE TRIP. IF YOU HAVE HOTEL CONFIRMATIONS PLEASE SEND A COPY TO SUPPORT YOUR APPLICATION.
- 7.) CONSULATE FEE:
 \$100.00 - MULTIPLE ENTRY (REGULAR PROCESS)
 \$120.00 - MULTIPLE ENTRY (24-48 HOUR PROCESS)

BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (1) ONE COMPLETED APPLICATION
- 4.) INTERNATIONAL HEALTH CERTIFICATE (SHOWING YELLOW FEVER VACCINATION)
- 5.) COPY OF THE INVITATION
- 6.) COMPANY LETTER OF GUARANTEE
- 7.) COPY OF YOUR TRAVEL ITINERARY
- 8.) CONSULATE FEE:
 \$100.00 - MULTIPLE ENTRY (REGULAR PROCESS)
 \$120.00 - MULTIPLE ENTRY (24-48 HOUR PROCESS)

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.

REVISED: 02-08-2011 (KS)

Specializing in Visas, Passports, Document Legalization and Translations



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EXAMPLE OF A COMPANY LETTER OF GUARANTEE

DATE: _____

EMBASSY/CONSULATE OF: _____

GENTLEMEN:

MR./MRS. (TRAVELER) IS ONE OF OUR EMPLOYEES WHO IS
ENGAGED AS A(N) (POSITION) FOR (COMPANY NAME). MR./MRS.
(TRAVELER) PLANS TO VISIT (CITY) FOR THE PURPOSE OF (DETAILED
EXPLANATION OF TRIP) WITH (COMPANY TO VISIT).

MR./MRS. (TRAVELER) WILL BE DEPARTING THE UNITED STATES ON
(DATE) AND WILL BE STAYING FOR (LENGTH OF TRIP). OUR COMPANY,
(EMPLOYEE), 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.



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"/> Visiting friends, relatives <input type="checkbox"/> Mission <input type="checkbox"/> Meeting, Conference	<input type="checkbox"/> Other Business <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Health Treatment	<input type="checkbox"/> Various <input type="checkbox"/> Diplomatic <input type="checkbox"/> Official <input type="checkbox"/> Same day visitor
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- 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 _____