



# 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](http://www.vippassports.com) Email: [info@vippassports.com](mailto: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\_\_\_\_\_



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## TANZANIA BUSINESS VISA *U.S. PASSPORT HOLDER*

### 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>	HOTEL CONFIRMATION:	<u>1</u>
INT'L HEALTH CERTIFICATE:	<u>N/A</u>	COPY OF INVITATION:	<u>IF AVAILABLE</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>\$6.00</u>
** <input type="checkbox"/> SPECIAL HANDLING FEE: (24 TO 48 HOUR RUSH PROCESS)	_____
** <input type="checkbox"/> SPECIAL HANDLING FEE: (3 TO 4 DAY RUSH PROCESS)	_____
*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
1 <sup>ST</sup> OVERNIGHT DELIVERY	\$75.00

### \*\*VISA PROCESSING TIME

REGULAR PROCESSING TIME: 7 TO 10 DAYS

PLEASE MARK THE APPROPRIATE BOX IF YOU NEED VIP TO REQUEST TO HAVE THE VISA ISSUED WITHIN 24 TO 48 HOURS (\$50.00 SPECIAL HANDLING FEE) OR 3 TO 4 DAYS FROM THE DAY THE APPLICATION IS SUBMITTED (\$20.00 SPECIAL HANDLING FEE).

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REVISED: 08-15-2017 (SDL)



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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)	\$100.00
3 TO 4 DAY RUSH	\$120.00
24 TO 48 HOURS RUSH	\$150.00

**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: 08-15-2017 (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"/> 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
---	--	---
- 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

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!**