

# 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: [vipinfo@vippassports.com](mailto: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



# 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: [vipinfo@vippassports.com](mailto:vipinfo@vippassports.com)



## 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 FEES	
	SINGLE ENTRY (3 MONTH) GENERAL BUSINESS	MULTI-ENTRY (1-YEAR) MEETINGS/CONFERENCE
REGULAR (7 TO 10 DAYS)	\$250.00	\$100.00
4 DAY RUSH	\$270.00	\$120.00
24 TO 48 HOUR RUSH	\$300.00	\$150.00

**VALIDITY:** IF YOU WILL BE REQUESTING A MULTIPLE ENTRY VISA, PLEASE BE SURE TO MARK "MEETINGS/CONFERENCE" ON THE VISA APPLICATION. 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: 8-28-2018 (JENNIFER)**



# 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

1. Surname or Family Name (Mr./Mrs./Miss/Ms/Dr./Prof.) \_\_\_\_\_  
First Names in Full \_\_\_\_\_  
Former or Maiden Name (if different from above) \_\_\_\_\_
2. Date of Birth (DD/MM/YY) \_\_\_\_\_ Sex (M/F) \_\_\_\_\_
3. Place of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
Current Nationality (State if Dual Nationality) \_\_\_\_\_  
Nationality at Birth \_\_\_\_\_
4. Marital Status (Mark):  Single  Married  Divorced  Widowed  Legally Separated.
5. Passport No \_\_\_\_\_ Date Issued \_\_\_\_\_ Valid Until \_\_\_\_\_  
Issued At \_\_\_\_\_ Issuing Authority \_\_\_\_\_
6. Profession/Occupation \_\_\_\_\_  
Employer Address: \_\_\_\_\_
7. Current Address \_\_\_\_\_  
Tel. \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_
8. Name of Travel Agent/Tour Operator \_\_\_\_\_
9. Contact Person(s) in Tanzania \_\_\_\_\_  
Address \_\_\_\_\_
10. Date of Entry \_\_\_\_\_ Departure Date \_\_\_\_\_  
Duration of Stay \_\_\_\_\_ (Max. 90 Days)  
**Type of Visa Requested**  Travel Visa  Transit Visa
11. **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
---	--	---
12. Requested Number of Entries:  Single  Double  Multiple.
13. In Case Of Transit: Do you have an Entry Permit for the Final Country of Destination?  No  Yes Valid Until: \_\_\_\_\_
14. Budget Available For Your Stay \_\_\_\_\_
15. I Hereby Declare That The Information Stated Above Is True And Correct :

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

# 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: [vipinfo@vippassports.com](mailto:vipinfo@vippassports.com)



## 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.***