



# VIP SERVICES

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: \_\_\_\_\_  
\_\_\_\_\_  
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:** \_\_\_\_\_

VISA PROCESSING  
LIST COUNTRIES

AND  
AND

CONSULATE FEES:  
CONSULATE FEES:

_____	-	\$ _____
_____	-	\$ _____
_____	-	\$ _____

**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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## TOGO

### PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

#### TOURIST VISA:

- 1.) SIGNED U.S. PASSPORT (MINIMUM OF 6 MONTHS REMAINING VALIDITY WITH 2 SIDE BY SIDE BLANK VISA PAGES)
- 2.) TWO (2) PASSPORT TYPE-PHOTOGRAPHS (2x2)
- 3.) TWO (2) COMPLETED APPLICATIONS
- 4.) COPY OF THE TRAVEL ITINERARY
- 5.) INTERNATIONAL HEALTH CERTIFICATE SHOWING A CURRENT YELLOW FEVER IMMUNIZATION
- 6.) CONSULATE FEE: \$140.00

#### BUSINESS VISA:

- 1.) SIGNED U.S. PASSPORT (MINIMUM OF 6 MONTHS REMAINING VALIDITY WITH 2 SIDE BY SIDE BLANK VISA PAGES)
- 2.) TWO(2) PASSPORT TYPE-PHOTOGRAPHS (2x2)
- 3.) TWO(2) COMPLETED APPLICATIONS
- 4.) COPY OF THE TRAVEL ITINERARY
- 5.) COMPANY LETTER OF GUARANTEE
- 6.) INTERNATIONAL HEALTH CERTIFICATE SHOWING CURRENT YELLOW FEVER IMMUNIZATION
- 7.) CONSULATE FEE: \$140.00

VALIDITY: A TOURIST OR BUSINESS VISA IS USUALLY VALID FOR MULTIPLE ENTRIES FOR THREE (3) MONTHS FROM THE DATE THE VISA IS ISSUED.

REVISED: 10-31-2012 (SDL)



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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).

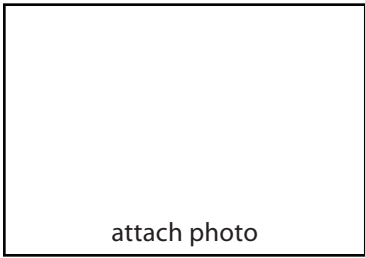
MR. / MRS. (TRAVELER) WILL BE DEPARTING THE UNITED STATES ON  
(DATE) AND WILL BE STAYING FOR (LENGTH OF TRIP). OUR COMPANY,  
(EMPLOYER), WILL GUARANTEE MR. / MRS. (TRAVELER) MAINTENANCE  
AND WILL BE RESPONSIBLE FOR HIS / HER WELFARE WHILE IN YOUR  
COUNTRY. HE / SHE IS IN POSSESSION OF SUFFICIENT 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,

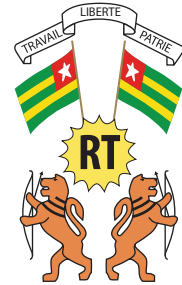
(SUPERVISORS SIGNATURE)

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!**



**EMBASSY OF THE REPUBLIC OF TOGO**

2208 Massachusetts Avenue, NW,  
Washington DC 2008  
Phone: 202-234-4212  
Fax: 202-232-3190



**For Official Use:**

Visa #: .....  
Type of Visa: .....  
Date of Issue: .....  
Charges: .....  
Signature of Issuing officer: .....

**APPLICATION FOR REPUBLIC OF TOGO ENTRY PERMIT / VISA**

1.(a) Applicant Surname: \_\_\_\_\_ Applicant First names: \_\_\_\_\_

Previous names (if applicable): \_\_\_\_\_

b. Date of Birth: \_\_\_\_\_ c. Place of Birth: \_\_\_\_\_

d. Nationality / Current Citizenship: \_\_\_\_\_ e. Former Nationality (if any) \_\_\_\_\_

f. Other citizenships held/ previous citizenships: \_\_\_\_\_

g. Passport date of issue: \_\_\_\_\_ h. Passport Place of issue: \_\_\_\_\_

i. Passport Number: \_\_\_\_\_ j. Passport date of expiration: \_\_\_\_\_

2. Current Profession or Occupation: \_\_\_\_\_

3(a). Business address / phone / fax / e mail: \_\_\_\_\_

3(b). Residential address / phone / fax / e mail: \_\_\_\_\_

4. Proposed date of Departure: \_\_\_\_\_ 5. Traveling by:  Air  Sea  Land

Is applicant in possession of a return ticket? ..... Ticket issuer & number: .....

6. Purpose of journey:  Business  Tourism  Employment  Official

7. Names and addresses of two references:

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

8. If for employment, name and address of employer: \_\_\_\_\_

9. Duration of stay: \_\_\_\_\_ 10. Date of last visit: \_\_\_\_\_

11. Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_