



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: 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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TOGO VISA ***U.S. PASSPORT HOLDER***

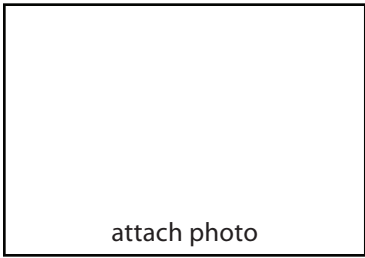
DOCUMENTS REQUIRED:

- 1.) **U.S. PASSPORT** –
 - ❖ SIGNED BY APPLICANT
 - ❖ MINIMUM OF 6 MONTHS REMAINING VALIDITY
 - ❖ TWO 2 SIDE BY SIDE BLANK VISA PAGES)
- 2.) **TWO (2) PASSPORT-TYPE PHOTOGRAPHS** (2x2")
- 3.) **TWO (2) COMPLETED APPLICATION FORMS**
- 4.) **COPY OF THE TRAVEL ITINERARY**
- 5.) **INTERNATIONAL HEALTH CERTIFICATE** SHOWING A CURRENT YELLOW FEVER IMMUNIZATION
- 6.) **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. IF TRAVELER WISHES TO EXTEND VISA VALIDITY, THEY MAY CONTACT THE MINISTRY OF INTERIOR IN TOGO BEFORE THE VISA EXPIRES.

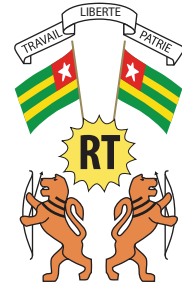
TOURIST VISAS: IF APPLICANT IS UNDER 18 YEARS OF AGE, THE PARENTAL PERMISSION (*AUTHORISATION PARENTALE*) FORM MUST BE COMPLETED BY BOTH PARENTS. NO APPLICATION FOR A CHILD WILL BE COMPLETED WITHOUT THIS FORM. [CLICK HERE](#) TO COMPLETE THAT FORM.

REVISED: 10-31-2017 JENN



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: _____