



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: _____

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__



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

TOGO

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

TOURIST VISA:

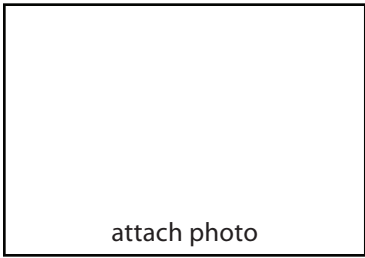
- 1.) SIGNED U.S. PASSPORT (MINIMUM OF 6 MONTHS REMAINING VALIDITY WITH 2 SIDE BY SIDE BLANK VISA PAGES)
- 2.) TWO (2) PASSPORT TYPE-PHOTOGRAPHS (2x2)
- 3.) TWO (2) COMPLETED APPLICATIONS
- 4.) COPY OF THE TRAVEL ITINERARY
- 5.) INTERNATIONAL HEALTH CERTIFICATE SHOWING A CURRENT YELLOW FEVER IMMUNIZATION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

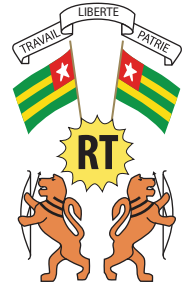
VALIDITY: A TOURIST OR BUSINESS VISA IS USUALLY VALID FOR MULTIPLE ENTRIES FOR THREE (3) MONTHS FROM THE DATE THE VISA IS ISSUED.

REVISED: 10-31-2012 (SDL)



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: _____