



# 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#: \_\_\_\_\_  
  
AUTHORIZED AMOUNT TO CHARGE MY  
CREDIT CARD: US\$ \_\_\_\_\_

### CREDIT CARD INFORMATION:

TYPE OF CARD: \_\_\_\_\_  
CARD #: \_\_\_\_\_  
EXPIRATION DATE: \_\_\_\_\_  
  
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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## UGANDA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

### TOURIST VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS
- 4.) A COPY OF YOUR ITINERARY OR AIRLINE TICKETS
- 5.) INTERNATIONAL HEALTH CERTIFICATE SHOWING YELLOW FEVER INOCULATION
- 6.) CONSULATE FEES:
  - \$50.00 - SINGLE ENTRY (3 THREE MONTHS)(REGULAR)
  - \$80.00 - SINGLE ENTRY (3 THREE MONTHS)(RUSH)
  - \$100.00 - MULTIPLE ENTRY (6 SIX MONTHS)(REGULAR)
  - \$130.00 - MULTIPLE ENTRY (6 SIX MONTHS)(RUSH)

### BUSINESS VISA:

- 1.) U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)
- 2.) (2) TWO PASSPORT-TYPE PHOTOGRAPHS (2x2)
- 3.) (2) TWO COMPLETED APPLICATIONS
- 4.) A COPY OF YOUR TRAVEL ITINERARY
- 5.) A COMPANY LETTER OF GUARANTEE
- 6.) INTERNATIONAL HEALTH CERTIFICATE SHOWING YELLOW FEVER INOCULATION
- 7.) CONSULATE FEE:
  - \$50.00 - SINGLE ENTRY (3 THREE MONTHS)(REGULAR)
  - \$80.00 - SINGLE ENTRY (3 THREE MONTHS)(RUSH)
  - \$100.00 - MULTIPLE ENTRY (6 SIX MONTHS)(REGULAR)
  - \$130.00 - MULTIPLE ENTRY (6 SIX MONTHS)(RUSH)

**VALIDITY:** A SINGLE ENTRY VISA IS VALID FOR THREE MONTHS FROM THE DATE OF ARRIVAL. MULTIPLE ENTRY VISAS ARE VALID FOR SIX MONTHS FROM THE DATE OF ARRIVAL. THE DURATION OF STAY AND THE LENGTH OF STAY IS DETERMINED BY THE VISA OFFICER BASED ON A CASE BY CASE BASIS.

REVISED: 10-30-2010 (KS)

**Specializing in Visas, Passports, Document Legalization and Translations**



**THE REPUBLIC OF UGANDA**

**VISA APPLICATION**

SERIAL NO. .... (For official use only; please do not write in this space)

1. Family Name: .....

2. Other names: .....

3. Former Name(s): .....

4. Address/Telephone

a. Permanent Address: .....

b. Present Address: .....

c. Telephone No (s): Home: (.....) Work: (.....)

d. E-mail: .....

5. Nationality .....

6. Date and Place of Birth .....  
Day/Month/Year Place

7. Marital Status: (check/tick one):  Married  Single  Divorced

8. Other family members accompanying applicant: (complete appropriate line/s)

Name	Date of Birth	Place of Birth
Spouse.....		
Child.....		
Child.....		
Child.....		

9. Passport No:..... Issued at:..... On.....

Type (check/tic one)  Diplomatic  Official  Ordinary

10. Type of Visa required (check/tick one)

Transit  Single Entry  Multiple Entry (Six Months)  Multiple Entry (12 Months)

11. Proposed Date of Arrival: .....  
Day/Month/Year

Duration of Stay: .....

9. Reason for Journey: .....

10. Date(s) of any Previous Visit(s): .....

a. If in transit, ultimate destination: .....

b. Has a VISA been obtained for Country of Destination? .....

11. Any contact person in the Country of which VISA is applied:

a. Name(s): .....  
First Last

b. Phone: .....

12. The full address in Uganda where you intend to stay: .....

.....

Applicant(s) Signature: ..... Date: .....20.....

