

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: vipinfo@vippassports.com



NOTICE

NATIONALS OF THE FOLLOWING COUNTRIES DO NOT NEED A VISA TO ENTER TANZANIA:

ANTIGUA/BARBUDA	ANGUILLA	ASHMORE/CERTIE ISLAND	BAHAMAS
BARBADOS	BERMUDA	BELIZE	BRUNEI
BRIT VIRGIN ISLANDS	B.I.O.T.	BOTSWANA	CYPRUS
CAYMAN ISLAND	CHANNEL ISLAND	COCOAS ISLAND	COOK ISLAND
DOMINICA	FALKLAND ISLAND	GAMBIA	GHANA
GIBRALTAR	GRENADA	GUERNSEY	GUYANA
HEARD ISLAND	HONG KONG	ISLE OF MAN	JAMAICA
JERSEY	KENYA	KIRIBATI	LESOTHO
MALAWI	MONTSERRAT	MALAYSIA	MADAGASCAR
MALTA	MAURITIUS	MACAO	MOZAMBIQUE
NAURU	NAUE ISLAND	NORFOLK ISLAND	NAMIBIA
PAPUA NEW GUINEA	RWANDA	ROMANIA	ROSS DEPENDENCY
SAMOA	SEYCHELLES	SINGAPORE	SWAZILAND
SOLOMON ISLAND	ST KITTS & NAVIS	ST LUCIA	ST VICENT
ST HELANA	SOUTH AFRICA	TRINIDAD & TOBAGO	TURKS AND CAICOS
TOKELAN	TONGA	TUVALU	VANUATU
UGANDA	ZAMBIA	ZIMBABWE	

IF YOU DO NOT HOLD ONE OF THE PASSPORTS MENTIONED ABOVE, OR OTHERWISE DO NOT QUALIFY FOR A VISA UPON ARRIVAL, PLEASE SEE NEXT PAGES FOR THE INSTRUCTIONS.

THANKS,
VIP PASSPORT SERVICES, INC.

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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

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TANZANIA BUSINESS VISA NON-U.S. PASSPORT HOLDER

DOCUMENTS REQUIRED

PLEASE FORWARD THIS SHEET AND ALL THE REQUIREMENTS TO THE ADDRESS LISTED ABOVE

VALID PASSPORT:	1	APPLICATION (S):	2
PASSPORT TYPE PHOTO (S):	2	TRAVEL ITINERARY:	1-COPY
INVITATION (WHEN AVAILABLE):	1	COMPANY LETTER:	1
INT'L HEALTH CERTIFICATE:	1		

ALL NON - US PASSPORT HOLDERS MUST ALSO SUBMIT VALID PROOF OF U.S. STATUS - U.S. VISA OR PERMANENT RESIDENT CARD.

FOR ALL U.S. VISA HOLDERS, PLEASE BE SURE TO ALSO SEND A COPY OF YOUR MOST RECENT I-94 (VISIT [HTTPS://I94.CBP.DHS.GOV](https://i94.cbp.dhs.gov)).

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

PROCESSING FEES (PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS)	<u>\$95.00</u>
CONSULATE FEE: (SEE NEXT PAGE)	<u> </u>
MONEY ORDER:	<u>\$6.00</u>
** <input type="checkbox"/> SPECIAL HANDLING FEE: (LESS THAN 5 DAY PROCESS)	<u> </u>
OTHER FEES: _____	<u> </u>
RETURN SHIPPING FEE:	<u> </u>
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u> </u>

RETURN SHIPPING FEES (SELECT ONE)	
<input type="checkbox"/> PRIORITY OVERNIGHT	\$35.00
<input type="checkbox"/> 2-DAY LETTER	\$27.50
<input type="checkbox"/> 3-DAY LETTER	\$22.50
<input type="checkbox"/> SATURDAY LETTER	\$49.00
<input type="checkbox"/> 1 ST OVERNIGHT LETTER	\$85.00

REGULAR PROCESS TIME:	7 TO 10 DAYS
PLEASE MARK THE APPROPRIATE BOX IF YOU NEED VIP TO REQUEST TO HAVE THE VISA ISSUED IN LESS THAN 5 DAYS FROM THE DAY THAT WE SUBMIT YOUR APPLICATION (\$50.00 SPECIAL HANDLING).	

COMMENTS: _____

REVISED 7-17-2019JENN

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TANZANIA BUSINESS VISA NON-U.S. PASSPORT HOLDERS

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

1. **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. **PROOF OF VALID U.S. STATUS** (PLEASE SUBMIT ONE OF THE FOLLOWING):
 - COPY OF FRONT/BACK OF GREEN CARD
 - ORIGINAL U.S. VISA AND I-94 (VISIT <https://i94.cbp.dhs.gov/>)
9. **CONSULATE FEE:**

PROCESS SPEED	SINGLE ENTRY (3-MONTH) GENERAL BUSINESS	DOUBLE ENTRY (3-MONTH) 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. 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.

IF ENTERING THROUGH ONE OF THE FOLLOWING ENTRY POINTS, APPLICANTS MAY ALSO APPLY ELECTRONICALLY FOR THEIR TANZANIA BUSINESS VISA:

- JULIUS NYERERE INT’L AIRPORT
- KILIMANJARO INT’L AIRPORT
- ABEID AMANI KARUME INT’L AIRPORT
- NAMANGA
- TUNDUMA

[CLICK HERE](#) FOR MORE INFORMATION REGARDING APPLYING FOR AN E-VISA TO ENTER TANZANIA.

REVISED 7-17-2019 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

- Surname or Family Name (Mr./Mrs./Miss/Ms/Dr./Prof.) _____
First Names in Full _____
Former or Maiden Name (if different from above) _____
- Date of Birth (DD/MM/YY) _____ Sex (M/F) _____
- Place of Birth _____ Country of Birth _____
Current Nationality (State if Dual Nationality) _____
Nationality at Birth _____
- Marital Status (Mark): Single Married Divorced Widowed Legally Separated.
- Passport No _____ Date Issued _____ Valid Until _____
Issued At _____ Issuing Authority _____
- Profession/Occupation _____
Employer Address: _____
- Current Address _____
Tel. _____ Fax _____ E-mail _____
- Name of Travel Agent/Tour Operator _____
- Contact Person(s) in Tanzania _____
Address _____
- Date of Entry _____ Departure Date _____
Duration of Stay _____ (Max. 90 Days)
Type of Visa Requested Travel Visa Transit Visa
- Purpose of visit**

<input type="checkbox"/> Leisure, Holiday	<input type="checkbox"/> Other Business	<input type="checkbox"/> Various
<input type="checkbox"/> Visiting friends, relatives	<input type="checkbox"/> Study	<input type="checkbox"/> Diplomatic
<input type="checkbox"/> Mission	<input type="checkbox"/> Transit	<input type="checkbox"/> Official
<input type="checkbox"/> Meeting, Conference	<input type="checkbox"/> Health Treatment	<input type="checkbox"/> Same day visitor
- Requested Number of Entries: Single Double Multiple.
- In Case Of Transit: Do you have an Entry Permit for the Final Country of Destination? No Yes Valid Until: _____
- Budget Available For Your Stay _____
- I Hereby Declare That The Information Stated Above Is True And Correct :

Signature of Applicant _____ Date _____

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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.