**********ATTENTION**********

The ***Consulate General of Angola*** is located at 1177 Enclave Parkway 2nd floor, Houston, TX 77067 is now requiring the applicants to appear in person when requesting the issuance of an Angola visa during the hours of 10:30a.m. and 11:30a.m.

VIP can still assist you with the review of the paperwork and the submission of the request to the consulate, but before this can happen, we will need all documents emailed over to us for review info@vippassports.com prior to receiving the original documentation for submission. The applicant will have to make a personal appearance on the day that we advise the applicant for the submission of the visa, so he/she can have his fingerprints scanned at the consulate for the biometrics request.

The consulate will only accept visa submissions on Mondays, or Wednesdays, and will only release visas on Wednesdays and Fridays in most cases, but this will also depend on the invitation letter received from Angola and what it shows for the type of visa being requested.

VIP recommends that you DO NOT PURCHASE any airfare for travel to Houston or to Angola without contacting a VIP Agent to go over dates and details.

Thank you,

VIP PASSPORT SERVICES, INC.

713-659-8472

REVISED: 1-11-2023 (EL)

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002
713-659-8472
Website: www.vippassports.com Email: info@vippassports.com

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 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	
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	
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, Apostilles, Document Legalizations, and Translations

VIP PASSPORT SERVICES, INC.

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ANGOLA LONG TERM WORK VISA

U.S. PASSPORT HOLDER

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

PROCESSING FEES

(PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS)	$225.00
CONSULATE FEE: **(SEE NEXT PAGE)**	
MONEY ORDER:	$6.00
OTHER FEES: _____	
ADD RETURN SHIPPING FEE:	
TOTAL: ***(NO PERSONAL CHECKS PLEASE)***	

FEDEX LETTER RETURN SHIPPING FEES *(SELECT ONE)*	
☐ PRIORITY OVERNIGHT	$45.00
☐ 2-DAY	$37.50
☐ 3-DAY	$27.50
☐ SATURDAY	$75.00
☐ 1ST OVERNIGHT - CALL	

REGULAR PROCESS TIME:	4 TO 7 DAYS

COMMENTS: _____

REVISED: 1-11-2023 (EL)

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ANGOLA-LONG TERM WORK VISA

U.S PASSPORT HOLDER

IF APPLICANT WILL BE TRAVELING TO ANGOLA TO WORK FOR AN EXTENDED PERIOD AND THE INVITATION IS REQUESTING THE CONSULATE TO ISSUE A LONG-STAY VISA, THEN PLEASE SUBMIT THE FOLLOWING DOCUMENTS:

1.) **ONE (1) SIGNED U.S. PASSPORT**
   a. SIX (6) MONTHS OF REMAINING VALIDITY
   b. THREE (3) CONSECUTIVE FULLY BLANK SIDE BY SIDE VISA PAGES

2.) **THREE (6) RECENT PASSPORT-TYPE PHOTO GRAPH**
   a. **2"x2", COLOR, WHITE BACKGROUND**
   b. TAKEN WITHIN THE LAST 90 DAYS
   c. NO COMPANY LOGOS OR EMBLEMS DISPLAYED

3.) **ONE (1) COMPLETE APPLICATION, TYPED** – SEE BELOW
4.) **ONE (1) COPY OF THE FLIGHT ITINERARY**
5.) **ONE (1) COPY OF THE CERTIFIED INVITATION FROM INVITING COMPANY IN ANGOLA**
   a. MUST BE ON THEIR OFFICIAL LETTERHEAD
   b. MUST BE PRINTED CLEARLY IN COLOR
   c. MUST BE ADDRESSED TO THE CONSULATE OF ANGOLA IN HOUSTON
   d. MUST BEAR THE SEAL AND SIGNATURE OF THE MINISTRY OF EXTERNAL RELATIONS (OIL/GAS, WATER, ENERGY, ETC.)

6.) **SUPPORTING DOCUMENTS FROM INVITING COMPANY**
   a. "D.A.R." TAX FORM
   b. "ALVARA" COMPANY CHARTER CERTIFICATE
   c. "DIARIO DE REPUBLICA"
   d. CLEAR COPY OF THE ANGOLAN I.D. OF THE PERSON WHO SIGNED THE INVITATION

CONTINUED →

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7.) ONE (1) COPY OF THE OFFICIAL INVITATION FROM MINISTRY

a. MUST BE PRINTED IN COLOR
b. MUST BE CLEARLY PRINTED
c. MUST BE ADDRESSED TO THE CONSULATE OF ANGOLA IN HOUSTON
d. PLEASE BE SURE THAT THE CONTACT IN ANGOLA SENDS A COPY OF THE INVITATION VIA FAX (713-212-3841) TO THE VISA SECTION OF THE CONSULATE ATTENTION TO "VISA OFFICER"
e. PLEASE BE SURE THAT THE INVITATION IS REQUESTING THE CONSULATE ISSUE THE APPOPRIATE TYPE OF VISA (VW1, VW2, OR VW3)

8.) ONE (1) CRIMINAL RECORD/BACKGROUND CHECK

a. MUST BE ISSUED WITHIN 90 DAYS OF SUBMISSION
b. MUST BE TRANSLATED TO PORTUGUESE*
c. MUST BE `NOTARIZED*
d. AUTHENTICATED BY THE U.S. STATE DEPARTMENT*
e. LEGALIZED BY CONSULATE OF ANGOLA*

9.) CLEAR COPIES OF YOUR DEGREE/DIPLOMA OR OTHER DOCUMENTS SHOWING ACADEMIC AND/OR PROFESSIONAL QUALIFICATIONS

a. TRANSLATED TO PORTUGUESE*
b. NOTARIZED*
c. AUTHENTICATED BY THE U.S. STATE DEPARTMENT*
d. LEGALIZED BY CONSULATE OF ANGOLA*

10.) ONE (1) COPY OF THE INTERNATIONAL HEALTH CERTIFICATE

a. MUST REFLECT INOCULATION FOR YELLOW FEVER
b. PRINTED IN COLOR

11.) ONE (1) COMPANY LETTER OF GUARANTEE

a. MUST BE ON OFFICIAL LETTERHEAD
b. MUST BE PRINTED IN COLOR
c. MUST BE CLEARLY PRINTED
d. MUST BE SIGNED BY THE APPLICANT'S SUPERVISOR OR AUTHORIZED MEMBER OF MANAGEMENT

CONTINUED →

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713-659-8472

Website: www.vippassports.com Email: info@vippassports.com

12.) **ONE (1) MEDICAL DECLARATION/REPORT**

a. MUST BE TRANSLATED INTO PORTUGUESE*
b. MUST BE NOTARIZED*
c. ISSUED BY MEDICAL DOCTOR
d. STATES APPLICANT HAS BEEN EXAMINED AND IS FREE OF CONTAGIOUS DISEASES, MENTAL ILLNESS, FIT FOR TRAVEL AND TO WORK ON/OFFSHORE
e. MENTIONS BLOOD WORK HAS BEEN DONE
f. MUST INCLUDE HEADING OF DOCTOR'S OFFICE OR MEDICAL FACILITY WITH ADDRESS AND PHONE NUMBER(S)

13.) **ONE (1) RÉSUMÉ (COPY OR ORIGINAL)**

a. MUST BE TRANSLATED INTO PORTUGUESE*
b. MUST BE NOTARIZED*

14.) **ONE (1) COMPLETED CONSULATE APPEARANCE CUSTOMER DATA FORM**

15.) **ONE (1) DECLARATION**, **NOTARIZED** *(SEE BELOW FOR EXAMPLE)*

16.) **ONE (1) COPY OF WORK CONTRACT**

a. MUST BE SIGNED BY ANGOLAN INVITER AND APPLICANT
b. MUST BE TRANSLATED INTO PORTUGUESE*
c. MUST BE NOTARIZED*

17.) **CONSULATE FEE**: ***(SUBJECT TO CHANGE)***

VISA TYPE	LENGTH OF VALIDITY	CONSULATE FEE
VW1	90 DAYS	$250.00
VW2	180 DAYS	$250.00
VW3	ONE (1) YEAR	$250.00

***SPECIAL NOTES:** VIP SERVICES CAN PROVIDE ANY/ALL DOCUMENT TRANSLATIONS, NOTARIZATION, LEGALIZATIONS OR AUTHENTICATIONS NEEDED FOR ANY OF THE DOCUMENTS NEEDED ABOVE. PLEASE CONTACT OUR OFFICE FOR MORE INFORMATION.

PROCESSING TIMES: WHEN APPLYING FOR A LONG TERM WORK VISA, THE CONSULATE IN HOUSTON WILL ONLY ACCEPT APPLICATIONS ON MONDAYS AND WEDNESDAYS. FOR VW1 AND VW2 VISAS, THEY ARE TYPICALLY RELEASED THE FOLLOWING FRIDAY AFTER SUBMISSION. FOR VW3 VISAS, THE PROCESS TIME CAN TAKE UP TO TWO (2) WEEKS. IF YOU WILL BE TRAVELING TO ANGOLA FOR BUSINESS MEETINGS AND/OR DISCUSSIONS, YOU WILL NEED TO REQUEST AN ORDINARY BUSINESS TYPE VISA OR STV VISA, PLEASE SEE OTHER SET OF INSTRUCTIONS).

VALIDITY: APPLICANT MUST ENTER ANGOLA WITHIN SIXTY(60) DAYS FROM THE DATE OF ISSUE. ONCE IN ANGOLA, THE LENGTHS OF STAY ARE AS FOLLOWS:

REVISED: 1-11-2023 (EL)

Republic of Angola
Consular mission in Houston - Texas
U.S.A

3040 Post Oak Blvd, Ste 780
Houston, Texas 77056

Tel.: 713 - 212 - 3840
Fax: 713 - 212 - 3841

REQUEST OF VISA

WORK PERMIT VISA ☐ PRIVILEGED VISA ☐

RESIDENCE PERMIT VISA ☐ STUDY PERMIT VISA ☐

TEMPORARY RESIDENCE PERMIT ☐ VISA FOR MEDICAL TREATMENT ☐

Name: _____

Civil status: _____ Sex: ☐

Date of Birth: _____ Place of Birth: _____

Country of Birth: _____ Nationality at Birth: _____

Present Nationality: _____ Passport No.: _____

Issued In: _____ On: _____ Valid Untill: _____

Profession: _____ Post Occupied: _____

Place of Work: _____

Place of Residence/State: _____ City: _____ Road: _____ Postal Code: _____

Telefax: _____ E-mail: _____ Telephone No.: _____

Father's Name: _____ Father's Nationality: _____

Mother's Name: _____ Mothe's Nationality: _____

Place of Lodging in Angola: _____

City: _____ Road: _____ House No.: _____

Name of the Person or Organization Responsible for Your Stay: _____

Province: _____ Municipality: _____ District: _____

Road: _____ House No.: _____

Date of Last Entry in Angola: _____ Bordr Used: _____

Children under age registered in the passport who will benefit from the visa

1. Name: _____ Born On: _____ Family Grade: _____
2. Name: _____ Born On: _____ Family Grade: _____
3. Name: _____ Born On: _____ Family Grade: _____

Name of the person or Organization applying for the visa : _____

TO BE FILLED BY THE APPLICANT OF WORK PERMIT

Name of the Contracting Organization: _____

Full Address in Angola: _____

Professional duties to carry out: _____

Date the Contract Starts: _____

Date the contract Ends: _____

Name of the Company or Service: _____

Full address in Angola: _____

TO BE FILLED BY THE APPLICANT OF VISA FOR MEDICAL TREATMENT

Name of the Hospital Unit: _____

Public : ☐ Private: ☐

Date the medical treatmenttes: _____

Date of the probable termination of the medical treatment: _____

COMPLEMENTARY INFORMATION:

- Did you ever travelled to Angola:	YES	☐	NO	☐
- Do you already have a work permit:	YES	☐	NO	☐
- Do you already have a residencial card:	YES	☐	NO	☐
- Have you ever been expelled from Angola:	YES	☐	NO	☐
- Have you ever been denied an entry visa in Angola:	YES	☐	NO	☐

Date _____

_____

APPLICANT SIGNATURE

TO BE FILLED BY THE CONSULAR MISSION:

Notes by the Responsible of the Consular Mission:

_____

_____

_____

_____

The Responsible

Date: _____

_____

LEGIBLE SIGNATURE

TO BE FILLED BY S.M.E. - FOREIGN AND MIGRATION SERVICES

Notes of Registration of Behaviour / DDRA:

_____

_____

_____

_____

Date: _____

_____

The Responsible

TO BE FILLED BY THE APPLICANT OF RESIDENCE PERMIT VISA

Reasons why you want to reside in Angola: _____

Temporary ☐ Definitely ☐

Do you intend to reside with your family household? Yes ☐ No ☐

Wife ☐ Husband ☐ Children ☐ Other ☐

_____

_____

_____

Means of subsistence: _____

_____

Address in Angola: _____

_____

TO BE FILLED BY THE APPLICANT OF TEMPORARY RESIDENCEPERMIT

Intend to stay in Angola with the following reason:

Humanitarianreasons ☐ To accomplish a mission in favour of a religious institution ☐

To undertake scientific reaserch work ☐ To accompany a family member ☐

To be relative of the bearer of a valid residence authorization ☐

To be married with a national citizen ☐

Means of subsistence: _____

_____

Address in Angola: _____

_____

TO BE FILLED BY THE APPLICANT OF TEMPORARY RESIDENCEPERMIT

Name of the Investing Company: _____

Situation of the foreign citizen:

Investor ☐

Representative ☐

By Power of Attorney/ Warrant ☐

Full address in Angola: _____

_____

TO BE FILLED BY THE APPLICANT OF VISA TO STUDY

Reasons of the entry in Angola ?

To attend a programme of studies in schools:

Privates ☐

Public ☐

Vocational education to obtain an academic degree or profession

Date the education starts: _____

Date the education ends: _____

To undergo trainee programme in:

A Company or Public Services ☐

A Company or Private Services ☐

RESIDENCE PERMIT VISA

- The residence permit visa must be used within sixty days from the date it has been issued, and it allows the bearer to stay in the angolan national territory for aperiod of one hundred and twenty days, renewable for equal periods of time,until the final decision of the requested authorization of permanent residence is taken.
- The residence permit visa enables the bearer to exercise remunerated professional activity.

Nr. 2, 3 and 5 of article 51 of the Law nr. 2/07 of 31 August

TEMPORARY RESIDENCE PERMIT

- The temporary residence permit visa must be used within sixty days from the date it has been issued and allows the bearer multiple entries, and a stay up to three hundred and sixty five days, renewable sucessively until the end of the reason behind its concession.
ATT: the validity of the temporary residence permit visa issued, cannot exceed the time of residence conceded to the beneficiary of the entry visa who originated its emission.
- The temporary residence permit visa does not allow its bearer to stay permanently in the angolan national territory.

Nr. 2 , 3 and 4 of article 53 of the Law nr. 2/07 of 31 of August

WORK PERMIT VISA

- The work permit visa must be used within sixty days fromthe date it has been issued and it allows the bearer multiple entries and a stay in the country until the end of the work contract, and it is the duty of the employing institution to communicate the competent authority any alteration in the duration of the contract to the effect established in the law.
- The work permit visa only allows the bearer to exercise the professional activity that justified its emission and entitles him to solely dedicate to the service of the employing entity which requested it.
- The work permit visa does not allow the bearer to stay indefinitely in the angolan national territory

Nr. 2, 3 and 5 of article 51 of the Law nr. 2/07 of 31 August

PRIVILEGED VISA

- The privileged visa must be used within sixty days from the date it has been issued and allows the bearer multiple entries, and a stay up to two years, renewable for equal periods of time.
- If the request is made in the national territory, the visa is granted locally when presenting a certificate issued by the competent entity in charge of the investment's approval.
- The foreigner to whom the privileged visa is granted can, whenever he feels appropriate, request the residence authorization.
- To those in possession of a privileged visa of type A and B can be granted the title of residence in the terms of article 83 of the Law 2/07 of 31 August, and to the bearer of privileged visa of type C will be granted the title of residence corresponding to article 82 of the same Law.

Nr. 2, 3, 4 and 5 of article 49 of the Law nr. 2/07 of 31 August

STUDY PERMIT VISA

- The visa to study must be used within sixty days from thedate it has been issued and allows its bearer to stay in thecountry for a period of one year, renewable for equal period of time, until the end of the studies and enables multiple entries.
- The visa to study does not allow the bearer to reside permanently in the national territory, neither the exercise of remunerated activities, except during the trainee programme related to professional training.

Nr. 2 and 3 of article 47 of the Law nr. 2/07 of 31 August

VISA FOR MEDICAL TREATMENT

- The visa for medical treatment must be used within sixty days from the date it has been issued and allows its bearer multiple entries, and a stay in the country of one hundred and eighty days.
In well motivated cases, the visa for medical treatment can be renewed until the end of the treatment.
The visa for medical treatment does not allow its bearer any labour activity, neither the permanent stay in the country.

Nr. 2, 3 and 4 of article 48 of the Law nr. 2/07 of 31 August.

Print Form

Reset Form

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002
713-659-8472
Website: www.vippassports.com Email: info@vippassports.com

ANGOLA-LONG TERM WORK VISA

EXAMPLE OF THE DECLARATION

PLEASE RETYPE USING ONLY THIS FORMAT

IF YOU DO NOT USE THIS FORMAT, THERE MAY BE A DELAY IN PROCESSING

DEAR ANGOLA CONSULATE REPRESENTATIVE,

I, _____, AGREE TO ABIDE BY ALL LAWS AND REGULATIONS WHILE IN

ANGOLA FOR THE PURPOSE OF LONG-TERM WORK.

THANK YOU FOR YOUR ASSISTANCE.

SINCERELY,

SIGNATURE: _____ DATE: _____

DATE OF DEPARTURE FROM THE U.S.A.: _____

DATE OF ARRIVAL IN ANGOLA: _____

STATE OF _____

COUNTY OF _____

BEFORE ME, _____, NOTARY PUBLIC IN THE STATE OF _____, ON THIS DAY, PERSONALLY APPEARED _____, KNOWN TO ME TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND WHO ACKNOWLEDGED TO ME THAT HE/SHE EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATION EXPRESSED HEREIN.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS _____DAY OF _____, 20___.

NOTARY PUBLIC, STATE OF _____

MY COMMISSION EXPIRES ON:_____

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CONSULATE APPEARANCE CUSTOMER DATA FORM

APPLICANT FULL NAME: _____

APPLICANT CELL PHONE NUMBER: _____

PASSPORT NUMBER: _____

PASSPORT ISSUE DATE: _____

PASSPORT EXPIRATION DATE: _____

TYPE OF ANGOLA VISA REQUESTED: _____

DATE OF DEPARTURE FROM THE U.S.: _____

DATE OF ENTRY INTO ANGOLA: _____

PLEASE LET US KNOW WHAT DAY YOU WANT US TO MEET YOU AT THE ANGOLA CONSULATE?

DATE: _____

APPLICANT SIGNATURE: _____ **DATE:** _____

VIP PASSPORT SERVICES, INC.

2012 Louisiana Street
Houston, Texas 77002
713-659-8472
Website: www.vippassports.com Email: info@vippassports.com

EXAMPLE OF A COMPANY LETTER OF GUARANTEE

DO NOT ATTENTION THIS LETTER TO VIP PASSPORT SERVICES, INC!

DATE: _____

CONSULATE OF ANGOLA HOUSTON
1177 ENCLAVE PARKWAY
2ND FLOOR
HOUSTON, TX 77067

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.