



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: _____



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GHANA BUSINESS 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)	\$395.00
CONSULATE FEE: (SEE NEXT PAGE)	
MONEY ORDER:	\$6.00
OTHER FEES: _____	
ADD RETURN SHIPPING FEE: (SEE * BELOW)	
TOTAL: (NO PERSONAL CHECKS PLEASE)	

FEDEX LETTER RETURN SHIPPING FEES (SELECT ONE)	
☐ PRIORITY OVERNIGHT	\$65.00
☐ 2-DAY	\$57.50
☐ 3-DAY	\$47.50
☐ SATURDAY	\$95.00
☐ 1 ST OVERNIGHT - CALL	
☐ LOCAL DELIVERY- CALL	

REGULAR PROCESS TIME:	7 TO 10 DAYS
THE EMBASSY/CONSULATE IS CLOSED EVERY FRIDAY.	

*FEDEX WILL CHARGE ADDITIONAL FEES FOR ALL RESIDENTIAL DELIVERIES. ALL SHIPPING FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE.

COMMENTS: THERE WILL BE AN ADDITIONAL \$125.00 FEDEX (TO/FROM) FEE IF
THE CONSULATE IS NOT LOCATED IN HOUSTON, TEXAS.

REVISED: 8-12-2025 (EL)



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GHANA BUSINESS VISA

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) **SIGNED U.S. PASSPORT WITH:**
 - MINIMUM OF 6 MONTHS REMAINING VALIDITY
 - ONE BLANK VISA PAGE
- 2.) **ONE (1) PASSPORT-TYPE PHOTOGRAPH** (2x2", PLAIN WHITE BACKGROUND)
 - MUST BE TAKEN WITHIN THREE (3) MONTHS FROM THE DATE OF SUBMITTING VISA APPLICATION
- 3.) **ONE (1) COMPLETED AND SIGNED VISA FORM/APPLICATION**
- 4.) **COPY OF ROUND TRIP FLIGHT ITINERARY**
- 5.) **CLEAR COPY (FRONT & BACK) OF THE YELLOW FEVER AND/OR COVID 19 VACCINATION CARD SHOWING THAT YOU HAVE HAD THE VACCINES**
- 6.) **COPY OF INVITATION** FROM GHANA COMPANY ALONG WITH A COPY OF THE PERSONS ID WHO SIGNED THE INVITATION
- 7.) **COMPANY LETTER OF GUARANTEE** (BE SURE TO REQUEST IN THE COMPANY LETTER IF YOU ARE ASKING FOR A 1 YEAR TO A 3 YEAR MULTIPLE ENTRY VISA TO BE ISSUED)

VALIDITY	CONSULATE FEE
SINGLE ENTRY -	\$105.00
MULTIPLE ENTRY -	\$205.00

VALIDITY: THE VISA VALIDITY WILL RANGE FROM A (90) NINETY-DAY SINGLE ENTRY TO A (3) YEAR MULTIPLE ENTRY. THE LENGTH OF VALIDITY IS DETERMINED BY THE VISA OFFICER ON AN INDIVIDUAL BASIS.

IMPORTANT: IN ACCORDANCE WITH INTERNATIONAL SANITARY REGULATIONS, ALL PERSONS ENTERING GHANA ARE REQUESTED TO HAVE A VALID CERTIFICATE OF IMMUNIZATION AGAINST YELLOW FEVER UPON ARRIVAL.

REVISED: 8-12-2025 (EL)

GHANA VISA FORM/APPLICATION

Business Visa

Tourist Visa

Single Entry

Multiple Entry

LAST NAME:

FIRST NAME:

MIDDLE NAME:

MAIDEN NAME (IF APPLICABLE):

PREVIOUS NAME (IF APPLICABLE):

PASSPORT NUMBER:

PASSPORT PLACE OF ISSUE:

PASSPORT ISSUE DATE:

PASSPORT EXPIRATION DATE:

CURERENT NATIONALITY:

FORMER NATIONALITY (IF ANY):

OCCUPATION:

MARITAL STATUS:

GENDER/SEX:

PLACE OF BIRTH:

DATE OF BIRTH:

RESIDENTIAL ADDRESS:

HOME PHONE NUMBER:

CELL PHONE NUMBER:

EMAIL ADDRESS:

CONTINUED...

DURATION OF STAY:

DATE OF DEPARTURE:

MODE OF JOURNEY: BY AIR, BY LAND, OR BY SEA

DO YOU HAVE A RETURN TICKET: YES NO

IF YES, WHAT IS THE TICKET NUMBER:

DATE OF LAST VISIT TO GHANA (IF APPLICABLE):

ENTER A VALID FINANCIAL MEANS AT APPLICANT'S DISPOSAL IN U.S. DOLLARS (CASH, CARD, AND BOTH):

HAVE YOU EVER BEEN REFUSED A VISA TO GHANA:

HAVE YOU EVER BEEN REFUSED ENTRY INTO GHANA:

DO YOU HAVE A CRIMINAL RECORD IN GHANA OR ANY OTHER COUNTRY:

DO YOU SUFFER FROM MENTAL DISORDER:

DO YOU SUFFER FROM ANY COMMUNICABLE DISEASE:

HAVE YOU EVER VISITED GHANA BEFORE:

HAVE YOU EVER BEEN DEPORTED TO/FROM GHANA:

NAME OF BUSINESS/WORK/SCHOOL:

BUSINESS/WORK/SCHOOL ADDRESS AND PHONE NUMBER:

BUSINESS/WORK/SCHOOL EMAIL ADDRESS:

CONTINUED...

**NAME, TELEPHONE, EMAIL, AND PHYSICAL ADDRESS OF REFERENCE 1 / HOTEL IN GHANA
(WILL NEED THE GPS/DIGITAL ADDRESS, ex. GA-543-025):**

**NAME, TELEPHONE, EMAIL, AND PHYSICAL ADDRESS OF REFERENCE 2 / HOTEL IN GHANA
(WILL NEED THE GPS/DIGITAL ADDRESS, ex. GA-543-025):**

**HOST IN GHANA (FIRST AND LAST NAME, ADDRESS, CELL NUMBER, AND EMAIL ADDRESS)
(WILL NEED THE GPS/DIGITAL ADDRESS, ex. GA-543-025):**

SPONSOR OF TRIP (FIRST AND LAST NAME, ADDRESS, CELL NUMBER, AND EMAIL ADDRESS):

TODAYS DATE:

APPLICANTS SIGNATURE: _____

REVISED: 8-20-2025



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EXAMPLE OF A COMPANY LETTER OF GUARANTEE

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

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.***