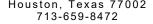


2012 Louisiana Street Houston, Texas 77002





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

WORK ORDER REQUEST FORM

TRAVELER INFO:						DON'T FORGET		
TRAVELER NAME								
TRAVELER DATE OF	BIRTH					TO EMAIL YOUR DOCUMENTS TO OUR		
DATE OF U.S. DEPAI	RTURE					OFFICE FOR OUR		
DATE PASSPORT IS N						COMPLIMENTARY		
VIP FILE LOCATOR N	NUMB	ER				PASSPORT/VISA		
						PRE-CHECK!		
BILLING INFORMA	\ TION			/		************************		
BILLING INFORMA			CHECK BOX	(IF SAME AS	SHIPPING)			
CONTACT & COMPANY I	NAME							
ADDRESS (STREET, CITY, STA	ATE, ZIP)							
PHONE NUMBER								
CELL NUMBER								
EMAIL								
P.O. OR BILLING REF#:								
RETURN SHIPPING	INFO	DRMA	ATION 🗆	(CHECK BO	X TO WAIVE SI	GNATURE)		
CONTACT & COMPANY I	NAME							
ADDRESS (STREET, CITY, STA	ATE, ZIP)							
PHONE NUMBER								
CELL NUMBER								
EMAIL								
METHOD OF PAYMENT								
CARD NUMBE			R		EXP. DATE	CVV CODE		
SIGNATURE OF CARD HOLDER					AUTH. AMOL	 		
			CHIED'S CHI	ECV		□ COMPANY CHECK		
☐ MONEY ORDER		u CA	SHIER'S CH	ECK	L COMPAN	I CHECK		
SPECIAL INSTRUCT	IONS: _							



2012 Louisiana Street Houston, Texas 77002 713-659-8472





GAMBIA 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)	\$150.00
CONSULATE FEE: (SEE NEXT PAGE)	
MONEY ORDER:	\$6.00
☐ SPECIAL HANDLING FEE: (1 TO 4 DAY PROCESS)	
OTHER FEES:	
RETURN SHIPPING FEE: (SEE * BELOW)	
TOTAL: (NO PERSONAL CHECKS PLEASE)	

DEX LETTER RETURN SHIES (SELECT ONE)	PPING
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:	5 TO 10 DAYS

PLEASE MARK THE APPROPRIATE BOX IF YOU NEED VIP TO REQUEST TO HAVE THE VISA ISSUED IN 1 TO 4 DAYS FROM THE DAY THAT WE SUBMIT YOUR APPLICATION (\$50.00 SPECIAL HANDLING).

IN THE EVENT YOU ARE REQUESTING SPECIAL HANDLING, PLEASE CONTACT OUR OFFICE FOR MORE DETAILED INSTRUCTIONS.

*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: 9-16-2025 (EL)



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Website: <u>www.vippassports.com</u> Email: <u>info@vippassports.com</u>



GAMBIA BUSINESS VISA

U.S. PASSPORT HOLDERS

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

1.) VALID PASSPORT

- MUST HAVE AT LEAST 1 BLANK VISA PAGE
- MINIMUM OF 12 MONTHS REMAINING VALIDITY

2.) ONE (1) RECENT PASSPORT-TYPE PHOTOGRAPH (2x2)

- TAKEN IN THE LAST SIX (6) MONTHS
- WRITE NAME, PUT PASSPORT NUMBER, AND SIGN THE BACK OF THE PHOTO
- 3.) COMPLETED APPLICATION
- 4.) COPY OF TRAVEL ITINERARY
- 5.) COMPANY LETTER OF GUARANTEE
- 6.) <u>CONSULATE FEE</u>: \$200.00 (5 -10 DAY PROCESS) \$250.00 (3 -4 DAY PROCESS) \$275.00 (1-2 DAY PROCESS)

NOTE: A PERSONAL OR TELEPHONE INTERVIEW MAY BE REQUIRED.

REVISED: 9-17-2025 (EL)



Tel. (202) 785 1399 E-mail <u>info@gambiaembassydc.gm</u> <u>gambiaembassydc@gmail.com</u> Website: https://gambiaembassydc.gm

APPLICATION FORM FOR VISA FOR AMERICAN PASSPORT HOLDERS

1.	First Name	Middle Name		Last Name
2.	Date of Birth Month	Day		Year
3.	Place of Birth			
4.	Marital Status ☐ Single			□ Divorced
5.	Purpose of Visit Official	Business [Tourism	☐ Education
6.	Occupation/Profession			
7.	Passport No	Issue Date		Expiration Date
8.	Present Address (in U.S. or	country of reside	nce)	
9.	Phone/Cell Number		E-Mail	Address
10.	Father's Name			
11.	Mother's Name			
12.	Address in The Gambia			
13.	Length of Stay in The Gamb	oia		
14.	Emergency contact in the U	SA (Name & Tel	No.)	
15.	Applicant's Signature		Date	



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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 (<u>POSITION</u>) FOR (<u>COMPANY NAME</u>). 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.