



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

<input type="checkbox"/> CREDIT CARD	CARD NUMBER	EXP. DATE	CVV CODE
SIGNATURE OF CARD HOLDER		AUTH. AMOUNT \$ _____	
<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> CASHIER'S CHECK	<input type="checkbox"/> COMPANY CHECK	

SPECIAL INSTRUCTIONS: _____



VIP PASSPORT SERVICES, INC.

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

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



GHANA TOURIST 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)	
<input type="checkbox"/> PRIORITY OVERNIGHT	\$65.00
<input type="checkbox"/> 2-DAY	\$57.50
<input type="checkbox"/> 3-DAY	\$47.50
<input type="checkbox"/> SATURDAY	\$95.00
<input type="checkbox"/> 1 ST OVERNIGHT - CALL	
<input type="checkbox"/> LOCAL DELIVERY- CALL	

REGULAR PROCESS TIME:	10-15 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: 1-21-2026 (EL)



VIP PASSPORT SERVICES, INC.

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

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



GHANA TOURIST 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 AIRLINE TICKETS/TRAVEL ITINERARY ALONG WITH THE HOTEL CONFIRMATION

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 FINANCIAL SUPPORT (MOST RECENT BANK STATEMENT
VALIDITY CONSULATE FEE**

SINGLE ENTRY -	\$155.00
MULTIPLE ENTRY -	\$255.00

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: 1-21-2026 (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

CONSENT LETTER

Declaration of Children Traveling Abroad with or Without Parents/Legal Guardian/s



Please complete and **notarize** if traveling with a child or children under eighteen (18) years:

- Declaration is to be completed by both parents.
- Single parents must attach legal proof/documentation, especially if the father's name is on the birth certificate/s as proof that you have sole custody of the child/children and do not require the consent of the other parent (spouse) to travel with the child/children.

1/we, _____ of _____

(City and State) _____, _____, declare that (I am)/

(we are) the lawful parent(s)/guardian of _____, born on (DOB)
_____ at (place of birth) _____.

My /Our child/children, _____, has/have (our/my) consent to travel with (me/us/guardian) _____ to Ghana (please state where you will be residing/staying in Ghana). _____

Father's signature and date: -----

Mother's signature and date: -----

Guardian's signature and date: -----

- If child/children's name does not match the parents' name especially on the birth certificate, please attach proof of name change or a notarized explanation.
- If you have more than one (1) child, please attach a list of all the children, their names and copies of birth certificates.

Thank you.



*Document must be Notarized
before submitting*