



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: _____



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MADAGASCAR 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)	<u>\$150.00</u>
CONSULATE FEE: (SEE NEXT PAGE)	<u> </u>
MONEY ORDER:	<u>\$6.00</u>
OTHER FEES: _____	<u> </u>
ADD RETURN SHIPPING FEE: (SEE * BELOW)	<u> </u>
TOTAL: (NO PERSONAL CHECKS PLEASE)	<u> </u>

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 - CALL	
<input type="checkbox"/> 1 ST OVERNIGHT - CALL	
<input type="checkbox"/> LOCAL DELIVERY- CALL	

REGULAR PROCESS TIME:	7 TO 15 DAYS

*FEDEX WILL CHARGE ADDITIONAL FEES FOR ALL RESIDENTIAL DELIVERIES.

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

REVISED: 4-20-2026 (EL)



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MADAGASCAR BUSINESS VISA

U.S. PASSPORT HOLDERS

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

1.) U.S. PASSPORT

- MINIMUM OF 6 MONTHS REMAINING VALIDITY
- MINIMUM OF 2 BLANK VISA PAGES
- MUST BE SIGNED

2.) ONE (1) PASSPORT-TYPE PHOTOGRAPH (2x2) – PHOTO CANNOT BE THE SAME PHOTO AS USED IN CURRENT PASSPORT, MUST HAVE BEEN TAKEN LESS THAN 3 MONTHS AGO

3.) ONE (1) COMPLETED APPLICATION

4.) ONE (1) COMPANY LETTER OF GUARANTEE

5.) INVITATION LETTER

6.) INTERNATIONAL HEALTH CERTIFICATE SHOWING VACCINATION AGAINST YELLOW FEVER, CHOLERA, HEPATITIS A, MALARIA – ONLY REQUIRED IF APPLICANT HAS STAYED IN AN INFECTED REGION WITHING SIX (6) DAYS PRIOR TO ENTERING MADAGASCAR – [CLICK HERE FOR MORE DETAILED INFORMATION.](#)

7.) COPY OF TRAVEL ITINERARY

8.) CONSULATE FEE: \$46.00 – MULTIPLE ENTRIES, UP TO 90 DAYS

VALIDITY: 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 MADAGASCAR. THE CONSULAR OFFICERS HAVE THE AUTHORITY TO REFUSE ANY VISA APPLICATIONS INCONSISTENT WITH MADAGASCAR LAWS AND REGULATIONS, OR REVOKE ISSUED VISAS.

NOTE: THE CONSULATE FEE IS SUBJECT TO CHANGE WITHOUT NOTICE.

REVISED: 4-20-2026 (EL)

REOBLIKAN'I MADAGASIKARA
Fitiavana – Fahafahana – Fahamarinana

 EMBASSY OF MADAGASCAR
 Washington, D.C. U.S.A.

Surname	Recent photograph US passport standard required
Maiden Name	
Name	
Date of birth	
Place and country of birth	

Current nationality	Nationality at birth
Marital status:	
Home address:	
Email :	
Telephone : (_____) _____ - _____	
Occupation	
Passport #	Issued by :
Date of issuance:	Date of expiration:

<u>For official use only</u>	
Surname _____	
Name _____	
Visa # _____	
Issuance date _____	
Expiration date _____	
Permitted length of stay _____	
Number of allowed entry _____	
File reference _____	

Nature and length of stay			
Type of visa requested (please, circle applicable) :			
Business	Boat sailing	Conference/ Workshop	Courtesy
Diplomatic	Family event	Family reunion	Film shooting
Investment	Laic mission	Native	Religious mission
Scientific research	Sport,cultural event	Studies	Tourism
Cruise	Health care	Retirement	Work
Length of stay (check and circle applicable)			
<input type="checkbox"/> Duration of stay _____ days/month			
<input type="checkbox"/> One month Transformable.			
Number of requested entry (please, circle applicable):			
One Two Three			

Names and surnames of relatives travelling with you.	
If you are travelling for business, please provide the name and address of the correspondent you are to contact.	
If you are travelling to attend a convention or meeting, please indicate the name and address of the organizing party, and the date of said convention or meeting.	
If you are travelling for the purpose of training, research or studies, please indicate the name and address of the sponsoring entity, and the duration for the training, research or studies.	
Have you ever visited Madagascar before? If yes, for what purpose, when and how long did you stay?	
Have you ever lived in Madagascar for more than three months straight? If yes, please indicate the dates and place(s).	
Name and address of reference in the U.S.A.	
Name and address of reference in Madagascar	
Date and port of entry in Madagascar:	Date and port of departure from Madagascar:
Means of transportation:	Means of transportation:
Your address(es) in Madagascar	

IMPORTANT:

I agree to accept no paid or "au pair" position during my stay in Madagascar, not to settle down definitely in the country, and to leave the Malagasy territory upon the expiration of my visa.

By signing this application, I certify that all the above statement is true; and in case of incorrect declaration or falsification on my part, I understand that, in addition to any penalties imposed by Law, I would be unable to receive any Malagasy visa in the future.

<p>For official use only</p> <p><i>Avis du Chef de poste :</i></p>

Place _____ Date _____

Signature

Visa will only be issued when the application is dully filled out, dated and signed. With the exception of the passport, vaccination certificate and airline ticket, all other supporting documents will not be returned to the applicant.



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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.