# 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**

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# GHANA EVISA

*U.S. PASSPORT HOLDERS*

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

## PROCESSING FEES

*(PER APPLICANT)*

| | |
|---|---|
| VIP SERVICE FEE: (REGULAR PROCESS) | $195.00 |
| CONSULATE FEE: **(SEE NEXT PAGE)** | |
| MONEY ORDER: | $6.00 |
| OTHER FEES: _____ | |
| **TOTAL:** ***(NO PERSONAL CHECKS PLEASE)*** | |

THE COMPLETED EVISA WILL BE EMAILED BACK TO THE REQUESTER UNLESS ALTERNATE EMAIL IS PROVIDED ON WORK ORDER REQUEST FORM. PLEASE BE SURE THE CORRECT EMAIL(S) ARE LISTED TO ENSURE NO DELAYS IN THE RETURN OF THE COMPLETED EVISA.

REGULAR PROCESS TIME: 1 TO 5 DAYS

**COMMENTS:** _____

**REVISED:** 9-22-2026 (EL)

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## GHANA EVISA

*U.S. PASSPORT HOLDERS*

**PLEASE SEND THE REQUIRED DOCUMENTS BELOW TO OUR OFFICE, VIA EITHER EMAIL OR COURIER/SHIPPING. ONCE PROCESSED AND COMPLETED, WE WILL SEND A CONFIRMATION EMAIL CONTAINING THE EVISA TO THE EMAIL LISTED ON THE WORK ORDER.**

1.) **COPY OF VALID PASSPORT**
- MINIMUM OF 3 MONTHS VALIDITY BEYOND INTENDED STAY WITH BLANK VISA PAGES

2.) **ONE (1) COMPLETED REQUEST FORM**

3.) **ONE RECENT PASSPORT-TYPE PHOTOGRAPH (2x2)** – *JPEG FORMAT*

4.) **COPY OF TRAVEL ITINERARY**

5.) **COPY OF YELLOW FEVER VACCINATION CERTIFICATE** – *FOR BUSINESS ONLY*

6.) **COPY OF THE COMPANY REGISTRATION DOCUMENT FROM GHANA** – *FOR BUISNESS ONLY*

7.) **COPY OF ACADEMIC QUALIFICATIONS / CERTIFICATES** – *FOR BUSINESS ONLY*

8.) **COPY OF THE PROOF OF ACCOMMODATION**

9.) **COPY OF THE LETTER OF INVITATION/HOST LETTER FROM GHANA**

- **FOR BUSINESS** – INVITATION LETTER MUST BE ON OFFICIAL LETTERHEAD WITH COMPANY REGISTRATION NUMBER ALONG WITH A COPY OF THE IDENTIFICATION OF THE PERSON WHO SIGNED THE INVITE
- **FOR TOURISM/PLEASURE** – WILL REQUIRE THE HOST PASSPORT BIO PAGE OR HOST IDENTIFICATION

10.) **CONSULATE FEE:** $260.00 – 4 TO 5 DAY PROCESS
$338.00 – 3 TO 4 DAY PROCESS
$442.00 – 1 TO 2 DAY PROCESS

**CONTINUED…**

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**VALIDITY:** **SINGLE ENTRY EVISAS ARE VALID FOR 90 DAYS FROM THE DATE OF ISSUANCE. IF YOUR INTENDED TRAVEL DATE FALLS OUTSIDE THIS VALIDITY PERIOD, YOUR EVISA MAY EXPIRE BEFORE TRAVEL. APPLICANTS ARE RESPONSIBLE FOR ENSURING THEY APPLY AT AN APPROPIATE TIME. THE FINAL DECISION AS TO THE LENGTH OF VALIDITY AND THE NUMBER ENTRIES IS MADE BY THE EMBASSY/CONSULATE ON A CASE-BY-CASE BASIS.**

**SPECIAL NOTES:**

- **DOCUMENTS CAN BE SENT TO OUR OFFICE EITHER ELECTRONICALLY (INFO@VIPPASSPORTS.COM) OR BY SHIPPING TO OUR OFFICE. IF THE DOCUMENTS ARE EMAILED, PLEASE BE SURE THE COPY OF THE PASSPORT IS IN .JPEG FORMAT AND ALL OTHER DOCUMENTS ARE IN .PDF FORMAT.**
- **ALL ITEMS LISTED ABOVE COULD CHANGE WITHOUT NOTICE.**
- **ALL CONSULATE FEES LISTED ABOVE COULD CHANGE WITHOUT NOTICE.**

**REVISED:** 9-22-2026 (EL)

# GHANA E-VISA REQUEST FORM

☐ BUSINESS OR ☐ TOURIST

| | |
|---|---|
| SURNAME *(AS SHOWN IN PASSPORT)* | |
| GIVEN NAME (AS SHOWN IN PASSPORT) | |
| CURRENT NATIONALITY | |
| PLACE OF BIRTH (CITY, STATE, COUNTRY) | |
| HOME ADDRESS **(STREET, CITY, STATE, ZIP)** | |
| MOBILE PHONE NUMBER | |
| EMAIL ADDRESS | |
| PRIMARY PURPOSE OF TRAVEL | |
| DATE OF ARRIVAL | |
| PORT OF ENTRY | |
| HOW LONG IS YOUR STAY | |
| PLACE OF DEPARTURE | |
| DESTINATION CITY | |
| TYPE OF ACCOMMODATION | |
| HOTEL NAME | |
| ADDRESS IN GHANA | |
| NEXT DESTINATION | |
| HAVE YOU VISITED A COUNTRY SUBJECT TO A PUBLIC HEALTH ALERT IN THE PAST 15 DAYS | ☐ YES or ☐ NO |
| HAVE YOU EVER BEEN DENIED A VISA, REFUSED ENTRY, DEPORTED, OR CONVICTED OF A CRIMINAL OFFENCE | ☐ YES or ☐ NO |
| HAVE YOU PREVIOUSLY OVERSTAYED A VISA OR VIOLATED IMMIGRATION CONDITIONS IN GHANA | ☐ YES or ☐ NO |
| ARE YOU CURRENTLY SUBJECT TO INTERNATIONAL SANCTIONS, TRAVEL BANS, OR LAW ENFORCEMENT NOTICES | ☐ YES or ☐ NO |

***I solemnly declare that the statements made on this ETA request form are true and correct.***

Date: _____ Signature: _____

**Revised:** 9-10-2026 (EL)

ALL FIELDS MUST BE COMPLETED WITH REQUESTED INFORMATION *(WHEN APPLICABLE)*.

INCOMPLETE REQUEST FORMS MAY CAUSE A DELAY IN PROCESSING.