

# VIP PASSPORT SERVICES, INC.

2012 Louisiana Street  
Houston, Texas 77002  
713-659-8472 1-800-856-8472 Fax 713-659-3767  
Website: [www.vippassports.com](http://www.vippassports.com) Email: [vipinfo@vippassports.com](mailto:vipinfo@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 FAX OR 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

FAX 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

FAX 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, DOCUMENT TRANSLATIONS & LEGALIZATIONS

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## MADAGASCAR BUSINESS VISA NON-U.S. PASSPORT HOLDER

### DOCUMENTS REQUIRED

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

VALID PASSPORT:	1	APPLICATION (S):	1
PASSPORT TYPE PHOTO (S):	1	TRAVEL ITINERARY:	1-COPY
INVITATION:	1-COPY	COMPANY LETTER:	1
INT'L HEALTH CERTIFICATE:	1		

**ALL NON - US PASSPORT HOLDERS MUST ALSO SUBMIT VALID PROOF OF U.S. STATUS - U.S. VISA OR PERMANENT RESIDENT CARD.**

FOR ALL U.S. VISA HOLDERS, PLEASE BE SURE TO ALSO SEND A COPY OF YOUR MOST RECENT I-94 (VISIT [HTTPS://I94.CBP.DHS.GOV](https://i94.cbp.dhs.gov)).

OTHER: SEE NEXT PAGES FOR MORE DETAILED INSTRUCTIONS.

### PROCESSING FEES (PER APPLICANT)

VIP SERVICE FEE: (REGULAR PROCESS)	<u>          \$95.00</u>
CONSULATE FEE: (SEE NEXT PAGE)	<u>          \$43.16</u>
MONEY ORDER FEE:	<u>          \$6.00</u>
OTHER FEES: _____	_____
RETURN SHIPPING FEE:	_____
<b>TOTAL: (NO PERSONAL CHECKS PLEASE)</b>	_____

<b>RETURN SHIPPING FEES (SELECT ONE)</b>	
<input type="checkbox"/> PRIORITY OVERNIGHT	\$35.00
<input type="checkbox"/> 2-DAY LETTER	\$27.50
<input type="checkbox"/> 3-DAY LETTER	\$22.50
<input type="checkbox"/> SATURDAY LETTER	\$55.00
<input type="checkbox"/> 1 <sup>ST</sup> OVERNIGHT LETTER	\$95.00
<input type="checkbox"/> LOCAL PICKUP/DLVY - <a href="#">CLICK</a> FOR QUOTE	

<b>REGULAR PROCESS TIME:</b>	<b>7 TO 9 DAYS</b>

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REVISED 2-27-2020 JENN

*Specializing in Visas, Passports, Document Legalization and Translations*

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## MADAGASCAR BUSINESS VISA

NON-U.S. PASSPORT HOLDERS

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) **ONE (1) 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) COPY OF INVITATION FROM SPONSORING COMPANY**
- 5.) **ONE (1) COMPANY LETTER OF GUARANTEE**
- 6.) **INTERNATIONAL HEALTH CERTIFICATE SHOWING VACCINATION AGAINST YELLOW FEVER** – *ONLY REQUIRED IF APPLICANT HAS STAYED IN AN INFECTED REGION WITHIN SIX (6) DAYS PRIOR TO ENTERING MADAGASCAR*
- 7.) **COPY OF TRAVEL ITINERARY**
- 8.) **PROOF OF U.S. STATUS:** (PLEASE SUBMIT ONE OF THE FOLLOWING)
  - CLEAR COPY OF YOUR PERMANENT RESIDENT CARD (U.S. GREEN CARD)
  - ORIGINAL WORKING CLASS U.S. VISA AND I-94 (VISIT <https://i94.cbp.dhs.gov/>)
- 9.) **CONSULATE FEE:** \$46.16 – *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.

REVISED: 2-27-2020

**REPOBLIKAN'I MADAGASIKARA  
Fitiavana – Fahafahana – Fahamarinana**

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

<b>Surname</b>	<b>Photograph</b>  2 x 2 inches (51 x 51 mm)
<b>Maiden Name</b>	
<b>Name</b>	
<b>Date of birth</b>	
<b>Place and country of birth</b>	

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

<b>Nature and length of stay</b>
Purpose of the trip (please, circle applicable)
Tourism    Conference/Convention    Workshop    Family event Sport, Cult. event    Training/Internship    Scientific research Film shooting    Cruise    Business    Other
Length of stay (check and circle applicable)
<input type="checkbox"/> Short stay of _____ days/month <input type="checkbox"/> One month Transformable into _____
Number of requested entry (please, circle applicable):
One      Two      Three

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

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><b>For official use only</b></p> <p><i>Avis du Chef de poste :</i></p>
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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 SERVICES!**

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.***