

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 Email: 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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NIGER ENTRY VISA

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-TYPED
PASSPORT TYPE PHOTO (S)	1-COLOR	TRAVEL ITINERARY	1-COPY
COMPANY LETTER (BUSINESS)	1	HOTEL CONFIRMATION	1-COPY
INVITATION (TOURISM)	1-COPY	INVITER'S ID (TOURISM)	1-COPY

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>\$155.00</u>
MONEY ORDER FEE:	<u>\$6.00</u>
OTHER FEES: _____	_____
*ADD RETURN SHIPPING FEE: _____	_____
TOTAL: (NO PERSONAL CHECKS PLEASE)	_____

RETURN SHIPPING FEES (SELECT ONE)	
<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	\$49.00
<input type="checkbox"/> 1 ST OVERNIGHT LETTER	\$85.00

REGULAR PROCESS TIME:	4 TO 7 DAYS
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COMMENTS: _____

REVISED 7-25-2019JENN

SPECIALIZING IN VISAS, PASSPORTS, DOCUMENT LEGALIZATION AND TRANSLATIONS

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NIGER ENTRY VISA

U.S. PASSPORT HOLDER

PLEASE SUBMIT THE FOLLOWING REQUIREMENTS

- 1.) **U.S. PASSPORT (MINIMUM OF 6 MONTHS VALIDITY)**
- 2.) **TWO (2) PASSPORT-TYPE PHOTOGRAPHS (2x2)**
- 3.) **TWO (2) COMPLETED APPLICATIONS**
- 4.) **COPY OF ROUNDTrip TRAVEL ITINERARY**
- 5.) **COPY OF INVITATION, IF INVITED BY FRIEND OR RELATIVE – MUST ALSO INCLUDE A COPY OF INVITER'S I.D. (TOURIST VISITS ONLY)**
- 6.) **COPY OF HOTEL CONFIRMATION, IF NOT BEING INVITED BY FRIEND OR RELATIVE (TOURIST VISITS ONLY)**
- 7.) **COMPANY LETTER OF GUARANTEE (BUSINESS VISITS ONLY)**
- 8.) **INTERNATIONAL HEALTH CERTIFICATE SHOWING THE VACCINATION FOR YELLOW FEVER AND CHOLERA-**SEE BELOW****
- 9.) **CONSULATE FEE: \$155.00**

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

NOTE: THE CHOLERA VACCINATION IS ONLY REQUIRED IF TRAVELING FROM A NEIGHBORING COUNTRY WHERE AN OUTBREAK OF THE DISEASE HAS BEEN REPORTED.

REVISED 7-25-2019 JENN



EMBASSY OF THE REPUBLIQUE OF NIGER
2204 R Street, NW, Washington, DC 20008, USA

Photograph

VISA APPLICATION FORM

1. Applicant's Information

Last Name:		First Name:	
Date of birth:		Place of birth:	
Occupation:		Nationality:	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Single <input type="checkbox"/> Married	
Address in the USA/place of residence:		Address in Niger:	
Tel: (private):		(business):	
		E-mail:	
Date of entry in Niger:		Airline:	
		Flight No.:	
Length of stay:		City of disembarkation:	
Have you previously visited Niger? <input type="checkbox"/> Yes <input type="checkbox"/> No		When?	
Purpose of visit: <input type="checkbox"/> Student <input type="checkbox"/> Diplomat <input type="checkbox"/> Official <input type="checkbox"/> Tourism <input type="checkbox"/> Family			
<input type="checkbox"/> Business <input type="checkbox"/> Other (specify):			
Name of the person accompanying the applicant:		Relation:	

2. Passport Information

Passport No.:	
Date issued:	Expiration Date:

3. Emergency contacts

in Niger:	In the USA/place of residence
Last and First Name :	Last and First Name:
Tel:	Tel:
Relation to the applicant:	Relation to the applicant:

4. Certification: I, undersigned, certify that all the information provided are correct, and that I will abide by the laws of the Republic of Niger during my stay.

Signature:	Date:
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Official Use Only: Do not write below

No du visa: _____	Date de délivrance _____
Validité du visa _____	Signature _____
Taxes perçues _____	Mention (s) _____

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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.