#### AMERICAN VISA OF DC

1801 Columbia Rd., NW #200, Washington, DC 20009

Tel: 202-462-5908 Fax: 202-387-5430

Email: info@americanvisadc.com or avodc@aol.com www.americanvisadc.com

## THIS IS NOT AN APPLICATION; IT IS ONLY A COVERING LETTER FOR AMERICAN VISA OF DC

### **MALAWI**

#### Visa Requirements:

- Original signed passport valid for six months with at least one blank visa page.
- Two visa application forms completed and signed
- Two color passport sized photos 2" X 2" ONLY on white or very light background.
- Letter of financial responsibility from the company in the USA or invitation letter from sponsor in Malawi (For business visa).

•	Copy of flight itinerary and hotel confirmation.  Copy of the Green Card (For Non-U.S. Citizens).						
Validity of V	<b>isas</b> : Tourist and business visa	· ·	fee paid (see tal	ole below).			
	Residents of all states can		n DC.	,			
Contact Perso	on's Name:	Pho	one and email:				
SHIPPING I	INSTRUCTIONS: Return	completed process to:					
Company	y Name (If applicable):			_ Contact Na	me		
Address	Address Apt#/Mail Code		#/Mail Code				
City		State Zip Code					
Phone #		Email Address					
	R(S) INFORMATION:						
Departure D	ate from U.S.A.:	Need by this date: _	*	Rush fees will	<b>be</b> applied to mee	et this date <b>if ne</b>	ecessary
l) Last Name	»:		First Name	e			
Passport #	:	Passport Expires: _		D	ate of Birth	_//	
)) Last Name	s.		First Name				
	::		THSt Name				
Passport #:		Passport Expires:		Date of Birth //			
Processing	Fees: (please check one)						
	<b>Processing Time:</b>	American	Malawi	Money	Fed Ex	TOTAL	

Processing Time:	American Visa of DC Fee:	Malawi Embassy Fee	Money Order Fee	Fed Ex Shipping Fee	TOTAL
8 - 14 Business Days 3 month single:	\$65	\$100	\$25	\$35	\$225
3 - 7 Business Days 3 month single:	\$95	\$100	\$25	\$35	\$255
8 - 14 Business Days 6 month multiple:	\$65	\$220	\$25	\$35	\$345
3 - 7 Business Days 6 month multiple:	\$95	\$220	\$25	\$35	\$375
8 - 14 Business Days 1 year multiple:	\$65	\$300	\$25	\$35	\$425
3 - 7 Business Days 1 year multiple:	\$95	\$300	\$25	\$35	\$455

Please add \$15 service fee for all Non-U.S. citizens, and the Embassy Fee may vary.

#### **PAYMENT:** (check one)

I authorize American Visa of DC to charge my credit card for payment of passport/visa services.

Card holders' name	Number		Exp. Date:	
CVV: Signature			Today's Date:	
Check or Money Order made out to ".	American Visa of DC" for \$	enclosed.		
My company has a prearranged billing				

American Visa of DC Inc. assumes no responsibility for the loss, damage or delay of passports or visas caused by an Embassy, Consulate, government office, postal or courier service, delivery service or travel agency. All service fees and Embassy Fees are NON-REFUNDABLE and not dependant on the visa being issued or declined. Requirements and fees relating to this request are subject to change without notice.



## **REPUBLIC OF MALAWI**

# IMMIGRATION ACT (CAP. 15:03) (REGULATION 3 (6)) APPLICATION FORM FOR A VISA TO ENTER MALAWI

(To be completed in block capitals)

SINGLE/MULTIPLE/TRANSIT VISA (Delete as necessary)
Name (in full)
Married or Single (if married woman give maiden name)
Address in the country of application
Address in the country of domicile (if different from above)
Date and Place of Birth
Sex Profession
Passport Number
Place of issue Date of expiry
Return Visa(s) to
Nationality (if stateless indicate original nationality prior to being stateless person)
Date of arrival in country of application
From
Final destination
And address to which applicant is proceeding
Reasons in full for proposed visit. (Satisfactory evidence will be required for the object and purpose of the journey. Employees of firms or persons acting on behalf of firms must produce certificates from their employers as to the nature of business for which they are travelling):
Duration of proposed visit

Travelling by	Leaving on	
Onward passage booked for		
Means at applicant's disposal (evi	idence may be required)	
Dates of previous visits to		
In what capacity		
Previous address (es) in		
	HILDREN who will accompany the	
Name	Place of birth	Date of birth
		<b></b>
S	SUPPLEMENTARY INFORMATIO	)N
	Name and Address of Sponsor	
I declare that the above particular	rs given by me are true in substance an	nd fact.
Date		C:
		Signature
THIS SPA	ACE TO LEFT BLANK FOR OFFI	CIAL USE
	Prepared by	
	Fee paid	
Ref. No.	Receipt No.	and Date