

## AMERICAN VISA OF DC

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

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

Email: [info@americanvisadc.com](mailto:info@americanvisadc.com) or [avodc@aol.com](mailto:avodc@aol.com) [www.americanvisadc.com](http://www.americanvisadc.com)

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

## TOGO

### 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 background.
- Letter of financial responsibility from the company in the USA (business visa).
- Invitation letter from organization in Togo (For volunteer/mission visa).
- Copy of flight itinerary and hotel confirmation (For tourist visa).
- An international certificate of vaccination against Yellow Fever.
- Copy of the Green Card (For Non-U.S. Citizens).

**Validity of Visas:** Tourist and business visas' validity is stays up to 90 days, multiple entry and 1 year validity.

**Jurisdiction:** Residents of all states can be processed in Washington DC.

Contact Person's Name: \_\_\_\_\_ Phone and email: \_\_\_\_\_

### **SHIPPING INSTRUCTIONS:** *Return completed process to:*

Company Name (If applicable): \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt#/Mail Code \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

### **TRAVELER(S) INFORMATION:**

**Departure Date from U.S.A.:** \_\_\_\_\_ **Need by this date:** \_\_\_\_\_ \*Rush fees **will be** applied to meet this date if necessary

1) Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Passport #: \_\_\_\_\_ Passport Expires: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2) Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Passport #: \_\_\_\_\_ Passport Expires: \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Processing Fees: (please check one)**

Processing Time:	American Visa of DC Fee:	Togo Embassy Fee	Money Order Fee	Fed Ex Shipping Fee	TOTAL
10 - 14 Business Days:	\$65	\$140	\$25	\$35	\$265
6 - 9 Business Days:	\$95	\$215	\$25	\$35	\$370
3 - 5 Business Days :	\$125	\$215	\$25	\$35	\$400

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

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

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

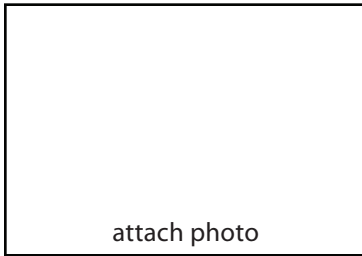
Card holders' name \_\_\_\_\_ Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVV: \_\_\_\_\_ Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_

Check or Money Order made out to "American Visa of DC" for \$ \_\_\_\_\_ enclosed.

My company has a prearranged billing agreement.

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.

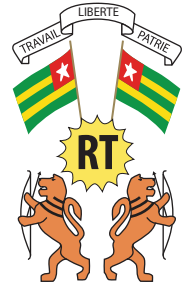
**EMBASSY OF THE REPUBLIC OF TOGO**

2208 Massachusetts Avenue, NW,

Washington DC 2008

Phone: 202-234-4212

Fax: 202-232-3190

**For Official Use:**

Visa #: .....

Type of Visa: .....

Date of Issue: .....

Charges: .....

Signature of Issuing officer: .....

**APPLICATION FOR REPUBLIC OF TOGO ENTRY PERMIT / VISA**

1.(a) Applicant Surname: \_\_\_\_\_ Applicant First names: \_\_\_\_\_

Previous names (if applicable): \_\_\_\_\_

b. Date of Birth: \_\_\_\_\_ c. Place of Birth: \_\_\_\_\_

d. Nationality / Current Citizenship: \_\_\_\_\_ e. Former Nationality (if any) \_\_\_\_\_

f. Other citizenships held/ previous citizenships: \_\_\_\_\_

g. Passport date of issue: \_\_\_\_\_ h. Passport Place of issue: \_\_\_\_\_

i. Passport Number: \_\_\_\_\_ j. Passport date of expiration: \_\_\_\_\_

2. Current Profession or Occupation: \_\_\_\_\_

3(a). Business address / phone / fax / e mail: \_\_\_\_\_

3(b). Residential address / phone / fax / e mail: \_\_\_\_\_

4. Proposed date of Departure: \_\_\_\_\_ 5. Traveling by: ☐ Air ☐ Sea ☐ Land

Is applicant in possession of a return ticket? ..... Ticket issuer &amp; number: .....

6. Purpose of journey: ☐ Business ☐ Tourism ☐ Employment ☐ Official

7. Names and addresses of two references:

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

8. If for employment, name and address of employer: \_\_\_\_\_

9. Duration of stay: \_\_\_\_\_ 10. Date of last visit: \_\_\_\_\_

11. Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_