

Congo, DR Visa Instructions for Adventure Center Clients

G3 Visas & Passports
3300 North Fairfax Dr., Ste 220
Arlington, VA 22201
Tel: (888) 883-8472, (703) 276-8472
Fax: (703) 524-3374
Email: info@g3visas.com

Please send the following to G3 Visas & Passports:

1. **Please submit your original valid and signed passport** (The passport must have at least one blank visa page for the visa and must be valid for 6 months from the end of your trip).
2. Three visa application forms completed and signed.
3. Three 2" x 2" passport size photographs.
4. Non US citizens submit valid I-94 or a copy of your Alien Registration Card.
5. Copy of flight itinerary from Adventure Center.
6. International Certificate of Vaccination for Yellow Fever (Required).

Please send this sheet with all fields completed; only one is required per family.

Contact and Shipping Information:

(Street Address Only, NO P.O. BOXES)

Name _____

Address _____

City _____

State _____

Zip Code _____

Tel # _____

Fax # _____

Date of Birth _____

Passport # _____

Date Departing US _____/_____/_____

Date Passport Needed _____/_____/_____

Email Address : _____

(We will email you the tracking number when your visas are complete.)

Shipping Fees:

All return shipping fees are included. Your passport will be returned via Federal Express. Federal Express cannot deliver to P.O. Boxes; please provide your home street address or work address.

Fees:

Payment includes Embassy fee, service fee, and return shipping via Federal Express. **Visas will take three weeks to process.**

One entry with 30 day stay \$ 147.00

This visa is valid for 3 months from the date of issue

Number of Travelers x \$147.00: \$_____

- Please submit an **expedite fee of \$40.00 per traveler** if you require your passport returned **in less than three weeks.**
- Consular fees subject to change without notice.

Payment Information:

All fees are payable to G3 Visas by:

- American Express
- Visa/MasterCard
- Check/Money Order

Requirements and fees are subject to change without prior notice.

I authorize G3 Visas to charge the amount of \$_____ plus a 5% processing fee to my credit card number

Expiration date _____/_____/_____ Security Code _____

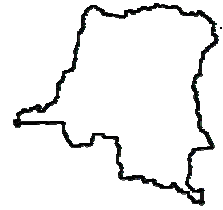
Signature of cardholder _____

11/2009



EMBASSY OF THE DEMOCRATIC REPUBLIC OF THE CONGO

1726 M Street. NW
 Suite 601
 Washington, DC 20036
 Phone: (202) 234-7690/91
 Fax: (202) 234-2609



VISA APPLICATION FOR SHORT STAY

DO NOT WRITE IN THIS SPACE. FOR EMBASSY USE ONLY.

Documents verification: <input type="checkbox"/> 6+ month valid passport <input type="checkbox"/> Residence card <input type="checkbox"/> Vaccination Certificate <input type="checkbox"/> Airline ticket <input type="checkbox"/> Company letter <input type="checkbox"/> Invitation	<input type="checkbox"/> Issued <input type="checkbox"/> Refused	M/S M/M 2M/S 2M/M 3M/S 3M/M 6M/S 6M/M	Notes: Date: / / Done by: Verified by:
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PLEASE PRINT OR TYPE IN THE SPACES PROVIDED BELOW

1. Passport number		2. Issuing authority		3. Issuance date (day/month/year) / /		4. Expiration date (day/month/year) / / 20			
5. Names (as in passport): First				Middle		Last		Others	
6. Place of birth City and state			Country			7. Date of Birth (day/month/year) / /		8. Nationality (origin)	
9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		10. Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated							
11. Spouse's information (even if separated or divorced): First name				Last name		Date (dd, mm, yyyy) and place of birth / /		Nationality	
12. Present address (street, city, province or state, postal code, country)							13. Duration at this address Years Months		
14. Telephone numbers Home		Fax		Business		Business fax		Mobile/Cellular	
15. Name of employer or school			16. Present address of employer or school (street, city, province or state, postal code, country)						
17. Telephone			18. Fax			19. Present occupation / profession			
20. Names of the person in the DRC* who you will be staying with. First				Last		Other		Relationship	
21. Hotel name (if applicable):			22. Address in the DRC* (street, city, province or state)						
23. Telephone numbers Home			Fax			Business		Mobile	

24. Purpose of current trip to the DRC*	25. Length of stay in the DRC* (in days)	26. When do you intend to arrive in the DRC*? / / 20
27. Have you ever been in the DRC*? (start with your latest trip and continue on the bottom of this page or use additional pages if needed)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	For how long? Port of entry
28. Father's information		
First name	Last name	Middle name or other Nationality
29. Mother's information		
First name	Last name	Middle name or other Nationality
I certify that I have read and understood all the questions in this application and the answers I have provided are true and correct to the best of my knowledge. I understand that any false statement may result in the denial of a visa or denial of entry into the Democratic Republic of the Congo		
Please type or print your names, date of birth and passport numbers again:		
First Name	Last Name	Today's date (day/month/year) / / 20
Passport number:		
Applicant's signature:		Photos (attach 2 identity format pictures here)

(*) DRC: Democratic Republic of the Congo

Please write in the space below any additional information that could not fit in the space provided on the form.
Make sure you write the number of the information you are referring to. Use additional pages as needed.