

### Required Documents Checklist

**ALL TRAVELERS must include the following documents in your package to G3:**

- Your original valid signed passport, plus one photocopy of the information/photo pages. Your passport must have two blank visa pages facing each other and be valid for more than three months past your planned date of departure from France.
- Non-US citizens must provide their original Alien Registration Card (A.R.C.) or U.S. Visa and original I-94, plus one photocopy of these documents. Students must also provide a recent I-20 form.
- Two completed and signed visa application forms.
- Two passport-style (2"x2") photographs taken within the last 6 months, on photo paper and with a plain white background.
- Original airline ticket, or confirmation of ticket purchase showing ticket number.
- Copy of hotel reservations or, if staying a private home, a certificate of accommodations ("Attestation d'accueil") from the local authorities.
- A letter from your insurance company confirming coverage of at least \$ 40,000 valid in Europe for medical emergencies, urgent care and repatriation expenses
- Copy of your state-issued driver's license or a recent utility bill in your name to prove your residency in one of the following states: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia or West Virginia.
- Copies of the last three months of bank statements; the most recent statement must show the availability of at least \$100 per day for the duration of your trip. Account numbers may be blacked out to protect your privacy; do not obscure any other information.
- Proof of Employment: A letter from your employer confirming employment and stating that you will return to work after your trip, plus copies of your last three pay stubs. Self-employed applicants must submit copies of their last tax return, business license or Certificate of Incorporation, and three months of business bank statements. Unemployed, married applicants must submit a copy of their marriage certificate and proof of employment for their spouse as listed above.

**BUSINESS TRAVELERS must also include:**

- A business letter from their U.S. company. This letter must explain the purpose of the trip and provide a financial guarantee. It must be on letterhead and signed by a representative of the company other than the applicant. A sample is attached.
- A letter of invitation from the organization to be visited in France; a sample is attached.

**NOTES:**

Schengen visas are issued by, and are valid for, the following countries: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, The Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and Switzerland. If your Schengen visa is issued by France, France must be your first destination.

Send all required documents and the completed Traveler Information form to G3 using a service with tracking such as FedEx or UPS.

### Applicable Fees

#### Embassy Fees for Visa Processing

Visa Type	48 Hours	4 Business Days	9 Business Days
Single Entry	\$119.00	\$109.00	\$99.00
Double Entry	\$139.00	\$119.00	\$109.00
Multiple Entry	\$159.00	\$139.00	\$109.00

#### G3 Processing Fees

Visa Type	48 Hours	4 Business Days	9 Business Days
Tourist	\$90.00	\$80.00	\$55.00
Business	\$100.00	\$90.00	\$60.00



VISAS & PASSPORTS

Concierge Level Service Requested
An additional service fee of \$50 per visa will apply.

Visa Order Form
: F 5B79

Traveler Information
1. Traveler Name
Date of Birth
2. Traveler Name
Date of Birth

Travel Details
Date of US Departure:
I must have my passport no later than:
Other visas or passport services requested:

Shipping and Contact Information
This must be a physical address for FedEx delivery; no P.O. Boxes.
Contact Name:
Company Name:
Street Address:
Apt. /Suite:
City:
State: Zip Code:
Home Phone:
Office Phone:
Mobile Phone:
Contact Email:
Please provide an email address so we may send you shipping and status updates.

Return Shipping
Passports will be returned via Federal Express.
Select One:
3 Business Day Delivery \$16.00
Standard Overnight Delivery \$25.00
8 AM Delivery\*\* \$80.00
Saturday Delivery\*\* \$40.00
Same Day Delivery\*\* Please Call
International Delivery\*\* Please Call
\*\*These services may not be available for all delivery locations.

Concierge Level Service
Check here to select Concierge Level Service
G3's exclusive Concierge Level Service includes:
Dedicated Concierge Level Staff handling your visa request.
Document review via email before you send in your request.
Creation of online visa applications (as applicable).
Personal telephone call confirming package receipt in G3's office.
Personal telephone calls confirming visa completion and delivery details.
Tracking of return delivery and follow-up to ensure satisfaction.
Creation of FedEx airbills for inbound packages to G3 (shipping fees apply).
Upgrade of FedEx return delivery from Standard to Priority Overnight.
Emergency Concierge Services and Lost Passport Support.
Dedicated Concierge email and emergency page number.

Payment Information
Please see the attached visa requirements sheet for applicable embassy and G3 processing fees.
Select Payment Type:
Credit Card
Check (company or certified)
Approved Billing Terms
Billing, P.O., Project or Reference Code #

An additional fee of \$50.00 per visa will apply to Concierge Level Service requests. Please see the "About G3 Visas" page on www.g3visas.com for a description of G3's standard service offering.

Total Fees from Visa Requirement Sheet:
Table with columns: Fee, x # of Travelers, Total
Embassy Fee
G3 Processing Fee
Concierge Level Service (Optional)
Shipping Fee
Subtotal:
Add 5% fee for credit card processing:
Total Payment Enclosed:

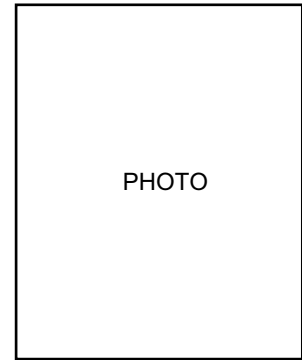
Send This Form and All Required Documents To:
G3 Washington, DC:
703.276.8472 Phone
888.883.8472 Toll Free
703.524.3374 Fax
info@g3visas.com
Attn: Visa Department
3300 N Fairfax Drive
Suite 220
Arlington, VA 22201
www.g3visas.com
G3 Visas & Passports, Inc. acts on the behalf of the client, and cannot be held liable for the services rendered by U.S. Government agencies, Post Offices, Travel Agents or other entities in connection with visa/passport processing. G3 disclaims any liability for delays or loss of passports as may occur through above services or by any delivery service. Damage compensation is not available.

For Payment Via Credit Card:
American Express, Discover, MasterCard and Visa only
Name as it appears on card:
Account Number:
Expiration Date: Billing Zip Code:
Security Code: (Discover, MasterCard or Visa: 3 digit code on back of card; American Express: 4 digit code on front of card.)
Cardholder Signature:



## Application for Schengen Visa

This application form is free



1. Surname (Family name) (x)				For official use only  Date of application:  Visa application number:  Application lodged at <input type="checkbox"/> Embassy/consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border  Name:  <input type="checkbox"/> Other  File handled by:  Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:  Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Issued: <input type="checkbox"/> A <input type="checkbox"/> C <input type="checkbox"/> LTV  <input type="checkbox"/> Valid From ..... Until .....  Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple  Number of days:	
2. Surname at birth (Former family name(s)) (x)					
3. First name(s) (Given name(s)) (x)					
4. Date of birth (day-month-year)	5. Place of birth	7. Current nationality Nationality at birth, if different:			
6. Country of birth					
8. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Other (please specify)			
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian					
11. National identity number, where applicable					
12. Type of travel document <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport <input type="checkbox"/> Other travel document (please specify)					
13. Number of travel document	14. Date of issue	15. Valid until	16. Issued by		
17. Applicant's home address and e-mail address		Telephone number(s)			
18. Residence in a country other than the country of current nationality <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent ..... No ..... Valid until					
* 19. Current occupation					
* 20. Employer and employer's address and telephone number. For students, name and address of educational establishment.					
21. Main purpose(s) of the journey: <input type="checkbox"/> Tourism <input type="checkbox"/> Business <input type="checkbox"/> Visiting family or friends <input type="checkbox"/> Cultural <input type="checkbox"/> Sports <input type="checkbox"/> Official visit <input type="checkbox"/> Medical reasons <input type="checkbox"/> Study <input type="checkbox"/> Transit <input type="checkbox"/> Airport transit <input type="checkbox"/> Other (please specify)					

22. Member State(s) of destination	23. Member State of first entry	
24. Number of entries requested <input type="checkbox"/> Single entry <input type="checkbox"/> Two entries <input type="checkbox"/> Multiple entries	25. Duration of the intended stay or transit Indicate number of days	

The fields marked with \* shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields No 34 and 35.

(x) Fields 1-3 shall be filled in in accordance with the data in the travel document.

26. Schengen visas issued during the past three years <input type="checkbox"/> No <input type="checkbox"/> Yes. Date(s) of validity from ..... to .....	
27. Fingerprints collected previously for the purpose of applying for a Schengen visa <input type="checkbox"/> No <input type="checkbox"/> Yes ..... Date, if known	
28. Entry permit for the final country of destination, where applicable Issued by ..... Valid from ..... until .....	
29. Intended date of arrival in the Schengen area	30. Intended date of departure from the Schengen area
* 31. Surname and first name of the inviting person(s) in the Member State(s). If not applicable, name of hotel(s) or temporary accommodation(s) in the Member State(s)	
Address and e-mail address of inviting person(s)/hotel(s)/temporary accommodation(s)	Telephone and telefax
* 32. Name and address of inviting company/organisation	Telephone and telefax of company/organisation
Surname, first name, address, telephone, telefax, and e-mail address of contact person in company/organisation	
* 33. Cost of travelling and living during the applicant's stay is covered	
<input type="checkbox"/> by the applicant himself/herself Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Traveller's cheques <input type="checkbox"/> Credit card <input type="checkbox"/> Prepaid accommodation <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify ..... <input type="checkbox"/> referred to in field 31 or 32 ..... <input type="checkbox"/> other (please specify) Means of support <input type="checkbox"/> Cash <input type="checkbox"/> Accommodation provided <input type="checkbox"/> All expenses covered during the stay <input type="checkbox"/> Prepaid transport <input type="checkbox"/> Other (please specify)

34. Personal data of the family member who is an EU, EEA or CH citizen		
Surname		First name(s)
Date of birth	Nationality	Number of travel document or ID card
35. Family relationship with an EU, EEA or CH citizen <input type="checkbox"/> spouse <input type="checkbox"/> child ..... <input type="checkbox"/> grandchild <input type="checkbox"/> dependent ascendant		
36. Place and date		37. Signature (for minors, signature of parental authority/legal guardian)

I am aware that the visa fee is not refunded if the visa is refused.

Applicable in case a multiple-entry visa is applied for (cf. field No 24):  
I am aware of the need to have an adequate travel medical insurance for my first stay and any subsequent visits to the territory of Member States.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application.

Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS) <sup>(1)</sup> for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data is: [...].

I am aware that I have the right to obtain in any of the Member States notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the State concerned. The national supervisory authority of that Member State [contact details] will hear claims concerning the protection of personal data.

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Member State which deals with the application.

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5(1) of Regulation (EC) No 562/2006 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States.

Place and date	Signature (for minors, signature of parental authority/legal guardian):
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<sup>(1)</sup> In so far as the VIS is operational.

# Sample Business Letter from U.S. Company

\*\*\*\*\*Please print your business letter on company stationery\*\*\*\*\*

June 1, 2011

Consulate General of (*Country you are traveling to*)

Consular Section

Dear Visa Officer,

Jeremy Simmons (*Insert your name*), Vice President (*Insert your position*), International Public Policy, East Coast Promotions, Inc. (*Insert the name of your company*) is planning a business trip to (*Country you are traveling to*) on Monday, August 3 through August 17 (*Dates of your trip*). During this trip he has scheduled meetings to discuss the sale and distribution of our products.

His agenda is to meet and discuss business with Mr. Hank Hartford (*Insert Name of Contact*) at:

Overseas Company Name  
Street Address  
City, Country Zip code  
Telephone number

*(It is important to indicate which company and individual you are going to visit.)*

East Coast Promotions, Inc. (*Insert Company Name*) will assume all financial responsibility for any debts incurred by Jeremy Simmons while traveling on business in (*Country you are traveling to*).

He requests that you issue a (*insert type and duration of visa*) visa. I appreciate your attention to this matter.

Sincerely,

Barry G. Hart (*Please have someone other than the applicant sign this letter.*)  
Senior Vice President  
East Coast Promotions, Inc.

# Sample Business Invitation Letter from Overseas Company

\*\*\*\*\*Please print your business letter on company stationery\*\*\*\*\*

June 1, 2011

Consulate General of (*Country you are traveling to*)

Consular Section

Dear Visa Officer,

We are cordially inviting Jeremy Simmons (*Insert your name*), Vice President (*Insert your position*), International Public Policy, East Coast Promotions, Inc. (*Insert the name of your company*) to visit (*Country you are traveling to*) on Monday, August 3 through August 17 (*Dates of your trip*). During this trip he will meet with our company to discuss the sale and distribution of our products.

His agenda is to meet and discuss business with Mr. Hank Hartford (*Insert Name of Contact*) at:

Company Name

Street Address

City, Country Zip code

Telephone number

***(It is important to indicate which company and individual you are going to visit.)***

East Coast Promotions, Inc. (*Insert Company Name*) will assume all financial responsibility for any debts incurred by Jeremy Simmons while traveling on business in (*Country you are traveling to*).

We request that you issue a (*insert type and duration of visa*) visa. I appreciate your attention to this matter.

Sincerely,

John P. Smith

Executive Officer

Overseas Company, Inc.