

Burkina Faso 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 valid/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). Please contact us for information on renewing your passport, if needed.
2. One visa application form completed and signed.
3. Two 2" x 2" passport size photographs on a light colored background
4. Proof of departure; i.e. computer generated flight itinerary from Adventure Center.
5. Copy of yellow fever vaccination.
6. Non US citizens submit valid I-94 or a copy of your Alien Registration Card *aka Green Card*.

Please send this sheet with all fields completed; only one sheet 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 remember to provide a street address.

Fees:

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

Multiple entry with 90 day stay \$172.00
This visa is valid for 3 months from the date of issue.

Number of Travelers x \$172.00: \$ _____

- 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/Master Card
- 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

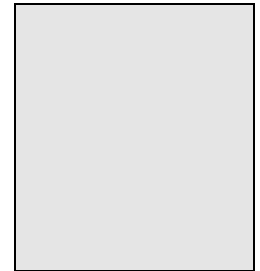
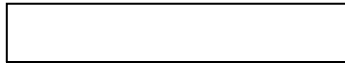
Expiration date ___/___/___ Security Code _____

Signature of cardholder _____

5/2010

EMBASSY OF BURKINA FASO

2340 Massachusetts Avenue NW
Washington D.C. 20008
Fax : (202) 667 - 1882
phone :) (202) 332 - 5577
ambawdc@verizon.net



Visa n° (for embassy use only)

Mr, Mrs., Ms
(first name first - please print)

Place and date of birth

Citizenship

Permanent **address (in USA, Argentina, Bolivia, Brazil, Chile, Colombia, Paraguay, Peru, Uruguay, Venezuela)**

Occupation

phone : Home Work **Cell**.....

Passport number

Nature of Passport : (check one) Regular Diplomatic
 Official Other travel document

Passport number.....Issued on in..... Valid until
issuing country or Authority)

Number of entries requested..... Transit to.....

Purpose of journey (check one)

Tourism Conference Business
 Transit Family Other

If other, please describe.....

Are you accompanied by children? Yes No (check one)

If yes, number..... Names Ages.....
1.....
2.....
3.....

Date of Departure from U.S.A.

Date of arrival in Burkina Faso

Arrival by : check one Flight Car Train (check one)

Date of departure from Burkina Faso

Address in Burkina Faso

Place and date of application

Signature of passport holder