

Instructions For Applications

Once you have downloaded the PDF form, save it your computer. Fill out the PDF form on your computer, save it, print it out.

If filling out the form on your pc is any problem, just print it out, complete the form by hand. Send the filled out application to:

Travel and Visa 925B Peachtree Street, # 344 Atlanta, GA 30309

Decide what return shipping you want: Return Shipping(Per Person)

Return shipping method:

FedEx 2nd day delivery \$23
FedEx Standard Overnight \$27
FedEx Priority Overnight \$30
FedEx Saturday delivery \$45
FedEx First Overnight \$65
Prepaid self-addressed mailer \$0

With sending the complete filled out application, Please send:

Your Passport, with at least 6 months validity left, 2 blank pages available,

1 passport size picture,

Payment (include your check or money order) if paying with a credit card please fill out the below credit card authorization form.

Total cost of the Visa = Consular Fee + our Services Fee + Shipping Fee

Please keep in mind, that the processing time is calculated from the next business day following the receipt of your documents.

All Visa Processing is in business day(s), the shipping doesn't count towards your Visa Processing time, please keep this in mind and plan accordingly.

If you have any questions, comments, concerns, please contact us on:

Phone: 404-452-7288 Fax:404-551-5279

E-mail:info@travelandvisa.com



CREDIT CARDHOLDER'S AUTHORIZATION FORM

In lieu of my cred	it card imprint I (name of c	ard holder shown	on credit card) I, _	
hereby authorize DISCOVER	Travel and Visa & its agent	ts to charge my:	AMEXVISA	MASTERCARD
#	Ехр.	d. (mm/yy)	in the amour	nt of \$
Traveler 1:		Date of birth (mm/dd/yy)		
For the following	Services (PLEASE SPECIFY):			
My billing addres	s:			
My mailing addre	ess (if differs from billing): _			
Phone:	FAX:	E-Mail:		
	I acknowledge charges des rdance with standard policy	•	ment in full to be	made when billed or in extended
Change and/or Ca	ancellation Policy: Visa& V	' isa Support fees a	re non-refundable	. In case mistake is made on ou
				a for necessary corrections to be
	· ·	dates are changed,	some consulates	permit visa correction for a fee
Please contact us	for details.			
			Date:	
(Signature of card	lholder)			

Visa Approval/Reference Number (if any):



EMBASSY OF VIETNAM 1233 20th Street, NW, Suite 400 Washington, D.C. 20036

Tel: (202) 861-0737 & (202) 861-2293 Fax: (202) 861-0917 http://www.vietnamembassy.us

VISA APPLICATION

(FOR NON-VIETNAMESE PASSPORT HOLDERS)

01 Photo
(2 inches x 2 inches)
Glued photo here
01 additional photo
stapled to this form for a
loose -leaf visa request

Family name	First name Middle name
Date of birth:/	10. Name, address of your contact (sponsor, host hotel) in Vietnam (if any)
Male: ☐ Female ☐	
Place of birth:	
Nationality at birth:	
Nationality at present:	
Passport number:	
Date of issue:	44. D
Date of expiry:	11. Proposed date of entry:
Profession:	
Place of employment:	Date / Month / Year
	Proposed date of exit:
Telephone (Office):	Date / Month / Year
Present mailing address: (P.O Box Not	12. Requesting a visa good for:
Accepted for USPS express mail)	• <u>Times of entries</u> :
	- Single (one time) visit $\ \square$
	- Multiple visits
	• Length of stay:
	_
* Email :	- One month
* Telephone :	- 03 months □
Purpose of visit to Vietnam:	- Less than 6 Months (with an approval only)
	- Up to one year (with an approval only)
	- Op to one year (with an approval only)
olemnly declare that the statements made in this	
Date:	ıre of Applicant
Signatu	ite of Applicant
k list: Before submitting, make sure you have included:	

☐ Prepaid USPS Express Mail or FedEx Slip, (if you want your visa be returned by mail).

^{*} Required for further contact