

ALLIED ORDER FORM

DATE NEEDED:

ORDERED BY:

Name:
Address:
City, State:
Zip/Postal Code:
Phone:
E-mail:
Company:

Send to:



Allied Passport & Visa
1 Saint Matthews Court NW
Washington, DC 20036
TEL: 877-393-3745 FAX: 202-747-6553
orders@alliedpassport.com

REFERRED BY:

VISA&PASSPORT

First Visa:

Second Visa:

Passport Service:

Return shipping:

DELIVER TO:

SAME AS ABOVE

Name:
Address:
City, State:
Zip/Postal Code:
Phone:
E-mail:
Company:

PAYMENT:

Invoice
(Accounts Only)
Check
American Express
Mastercard
Visa
Discover

Reference/Project number if used

CREDIT CARD:

Card number
Expiration Date
Cardholder name





Embassy of the Republic of Burundi
 2233 Wisconsin Avenue, N.W. suite 408
 Washington, D.C. 20007
 Tel. (202)342-2574, Fax (202)342-2578
<http://www.burundiembassydc-usa.org>



VISA APPLICATION FORM

Name:

Place and Date of Birth:.....

Marital Status:.....

Nationality at Birth: Current Nationality.....

Occupation:.....

Current Mailing Address:.....

Father's Name:.....

Mother's Name:.....

Passport Number or other travel document designation:.....

Issued by:..... Valid until:.....

Address in Burundi:.....

Reason for traveling to Burundi:.....

Length of stay in Burundi:..... Date of entry in Burundi:.....

Number of entries considered by the applicant:.....

Reference in Burundi and phone number.....

Signature of application.....

Applicant's email address

Applicant's contact phone number.....

Reserved to the authority granting the visa

Visa Fee:..... Visa Number:..... Issued:.....

For the Ambassador: