

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





República de Cabo Verde

Embassy of the Republic of Cape Verde
3415 Massachusetts Avenue, N.W.
Washington, D.C. 20007
Tel. (1 202) 965 6820
Fax. (1 202) 965 1207
www.embcv-usa.gov.cv

Consulate General of the Republic of Cape Verde
607 Boylston Street - 4th Floor
Boston, MA 02116
Tel. (1 617) 353-0014
Fax. (1 617) 8599798
Email: cgcvbost@aol.com

DESPACHO

Nome da entidade competente:

Função:.....

Assinatura ou rubrica

**PEDIDO DE VISTO
DEMANDE DE VISA
REQUEST OF VISA**

FOTO/PHOTO

RESERVADO AOS SERVICOS- RESERVÉ AUX SERVICES- OFFICIAL USE ONLY

Reparticao _____	Tipo de Visto _____	Emissão ___/___/___	Validade ___/___/___	Numero ___/___
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Nome completo-Prenom et nom- Name and surname	
Nacionalidade – Nationalité – Nationality -	Estado Civil – Situation de famille – Marital Status
Lugar e data de nascimento – Lieu et date de naissance – Place and date of birth	
Filiação – Parents	
Profissão – Occupation	Morada actual-domicile actuel-Present address
Referências em Cabo Verde – References au Cap Vert – References in Cape Verde	
Passaporte N. Passeport Passport Nr	Emitido por- Delivé par - Issued by
Data de emissão – Date d’ expedition – Issue date ___/___/___	Valido ate – Valable jusqu’au – Valid Until ___/___/___
Motivo da estadia – Raison de séjour – Purpose of visit	
Data da entrada – Date d’entré- Date of entry ___/___/___	Requer a prorrogação do visto por mais ___ dias Demande la prorogation de visa pour ___ jours Require visas’s prorogation for ___ days
Data ___/___/___ Date	Assinatura: Signature. _____