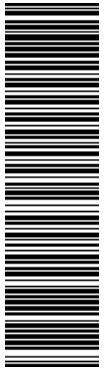


Mail documents to: VisaHQ.com Inc.
Embassy Row
2005 Massachusetts Ave. NW
Washington, DC 20036

Tel: (800)345-6541



Cape Verde Tourist visa Application



Please enter your contact information

Name:

Email:

Tel:

Mobile:

The latest date you need your passport returned in time for your travel:



Cape Verde tourist visa checklist



Filled out and signed Cape Verde tourist visa application form. The form is enclosed.



Original Passport. Passport must have at least 6 months remaining validity and have at least 1 visa page.



2 Photographs. Standard passport photographs 2x2 inches on a white background.



Payment. Credit Card Authorization form, Certified Check, or Money Order payable to **VisaHQ.com**.



Return mailer. Prepaid self-addressed return label or payment for FedEx.

If you wish to prepay return shipping, please add the shipping fee to the total and provide return address:



FedEx 2nd day delivery - From \$16

Name:



FedEx Standard Overnight - From \$22

Company:



FedEx Priority Overnight - From \$26

Address:



FedEx First Overnight - From \$55

City:



FedEx Saturday delivery - From \$60



Prepaid self addressed mailer - \$0

State:

Zip:



Local pick up in Washington - \$0

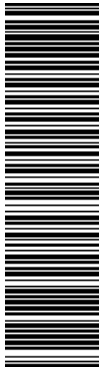


Direct Signature Required - \$5

* Actual prices may vary based on location per FedEx.com.

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Washington, DC 20036

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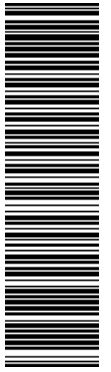


Cape Verde tourist visa fees for citizens of United States of America living in Virginia

	Type of visa	Validity	Processing time	Embassy fee	Service fee	Total
	Single entry	up to 120 days	3 business days	\$60.00	\$99.00	\$159.00
	Multiple entry	up to 1825 days	3 business days	\$114.00	\$99.00	\$213.00

This order is subject to Terms of Service, posted on VisaHQ website.
All fees and requirements may change without notice.

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Embassy Row
2005 Massachusetts Ave. NW
Washington, DC 20036
Tel: (800)345-6541



Credit card authorization form

By signing this form i accept VisaHQ.com Terms of Service and authorize to charge my credit card for the amount of \$

Name on the Credit Card:

Credit card number: - - -

Exp. date: / CVC:

Credit Card Billing Address:

Signature:

Comments:

Thank you!
We accept all major credit cards.





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: cqcvbost@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: Signat ure. _____