

WASHINGTON, DC

Required Documents Checklist

ALL TRAVELERS must include the following documents in your package to G3:

- Your original valid signed passport. It must have two blank visa pages facing each other and more than six months before expiry.
- Non-US citizens must provide their original Alien Registration Card (A.R.C.) or U.S. Visa and original I-94.
- One completed and signed visa application form.
- One passport-style (2"x2") photograph taken within the last 6 months, on photo paper and with a plain white background.
- Original airline ticket, or confirmation of ticket purchase showing ticket number.
- Copy of hotel reservations.
- Proof of international health insurance with a minimum coverage of \$37,500.
- Recent bank or credit card statement showing the availability of at least \$50 per day for the duration of your trip. Account numbers may be blacked out to protect your privacy; do not obscure any other information.

BUSINESS TRAVELERS must also include:

- A business letter from their U.S. company. This letter must explain the purpose of the trip and provide a financial guarantee. It must be on letterhead and signed by a representative of the company other than the applicant. A sample is attached.
- A letter of invitation from the organization to be visited in Malta; a sample is attached.

NOTES:

Schengen visas are issued by, and are valid for, the following countries: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, The Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden and Switzerland. You must apply at the consulate of your main destination.

Send all required documents and the completed Traveler Information form to G3 using a service with tracking such as FedEx or UPS.

Applicable Fees

Embassy Fees for Visa Processing

Visa Type	15 Business Days	20 Business Days
Tourist	\$107.00	\$87.00
Business	\$107.00	\$87.00
Transit	\$107.00	\$87.00

G3 Processing Fees

Visa Type	15 Business Days	20 Business Days
Tourist	\$75.00	\$55.00
Business	\$85.00	\$60.00
Transit	\$75.00	\$55.00



Concierge Level Service Requested
An additional service fee of \$50 per visa will apply.

Visa Order Form MALTA

Traveler Information

1. Traveler Name _____
 Date of Birth _____

2. Traveler Name _____
 Date of Birth _____

Travel Details

Date of US Departure: _____
 I must have my passport no later than: _____

Other visas or passport services requested:

Shipping and Contact Information

This must be a physical address for FedEx delivery; no P.O. Boxes.

Contact Name: _____
 Company Name: _____
 Street Address: _____
 Apt. /Suite: _____
 City: _____
 State: _____ Zip Code: _____
 Home Phone: _____
 Office Phone: _____
 Mobile Phone: _____
 Contact Email: _____
Please provide an email address so we may send you shipping and status updates.

Return Shipping

Passports will be returned via Federal Express.

Select One:

<input type="checkbox"/> 3 Business Day Delivery	\$16.00
<input type="checkbox"/> Standard Overnight Delivery	\$25.00
<input type="checkbox"/> 8 AM Delivery**	\$80.00
<input type="checkbox"/> Saturday Delivery**	\$40.00
<input type="checkbox"/> Same Day Delivery**	Please Call
<input type="checkbox"/> International Delivery**	Please Call

***These services may not be available for all delivery locations.*

Concierge Level Service

Check here to select Concierge Level Service

- G3's exclusive Concierge Level Service includes:
- Dedicated Concierge Level Staff handling your visa request.
 - Document review via email before you send in your request.
 - Creation of online visa applications (as applicable).
 - Personal telephone call confirming package receipt in G3's office.
 - Personal telephone calls confirming visa completion and delivery details.
 - Tracking of return delivery and follow-up to ensure satisfaction.
 - Creation of FedEx airbills for inbound packages to G3 (shipping fees apply).
 - Upgrade of FedEx return delivery from Standard to Priority Overnight.
 - Emergency Concierge Services and Lost Passport Support.
 - Dedicated Concierge email and emergency page number.

An additional fee of \$50.00 per visa will apply to Concierge Level Service requests. Please see the "About G3 Visas" page on www.g3visas.com for a description of G3's standard service offering.

Send This Form and All Required Documents To:

G3 Washington, DC: 703.276.8472 Phone
 888.883.8472 Toll Free
 703.524.3374 Fax
info@g3visas.com

Attn: Visa Department
 3300 N Fairfax Drive
 Suite 220
 Arlington, VA 22201

www.g3visas.com

G3 Visas & Passports, Inc. acts on the behalf of the client, and cannot be held liable for the services rendered by U.S. Government agencies, Post Offices, Travel Agents or other entities in connection with visa/passport processing. G3 disclaims any liability for delays or loss of passports as may occur through above services or by any delivery service. Damage compensation is not available.

Payment Information

Please see the attached visa requirements sheet for applicable embassy and G3 processing fees.

Select Payment Type:

Credit Card Check (company or certified)
 Approved Billing Terms

Billing, P.O., Project or Reference Code # _____

Total Fees from Visa Requirement Sheet:

	Fee	x # of Travelers	=	Total
Embassy Fee	_____	x _____	=	_____
G3 Processing Fee	_____	x _____	=	_____
Concierge Level Service (Optional)	_____	x _____	=	_____
Shipping Fee	_____		=	_____
			Subtotal:	_____
			Add 5% fee for credit card processing:	_____
			Total Payment Enclosed:	_____

For Payment Via Credit Card:

American Express, Discover, MasterCard and Visa only

Name as it appears on card: _____
 Account Number: _____
 Expiration Date: _____ Billing Zip Code: _____
 Security Code: _____
(Discover, MasterCard or Visa: 3 digit code on back of card; American Express: 4 digit code on front of card.)

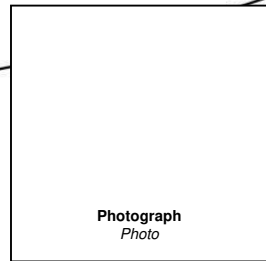
Cardholder Signature: _____



Application for Schengen Visa

Demande de visa Schengen

THIS APPLICATION FORM IS FREE
Le présent formulaire est délivré gratuitement



1. SURNAME <i>Nom(s) (nom(s) de famille)</i>				FOR OFFICIAL USE ONLY	
2. SURNAME AT BIRTH (Former family name(s)) <i>Nom(s) de naissance (nom(s) de famille antérieur(s))</i>				Date of Application:	
3. FIRST NAME(S) (Given names(s)) <i>Prénom(s)</i>					
4. DATE OF BIRTH (day-month-year) <i>Date de naissance (jour-mois -année)</i>	5. PLACE OF BIRTH <i>Lieu de naissance</i>	7. CURRENT NATIONALITY Nationality at birth, if different <i>Nationalité actuelle. Nationalité à la naissance, si différente:</i>		Application lodged at <input type="checkbox"/> Embassy/Consulate <input type="checkbox"/> CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial intermediary <input type="checkbox"/> Border Name: <input type="checkbox"/> Other	
6. COUNTRY OF BIRTH <i>Pays de naissance</i>		9. MARITAL STATUS <i>État civil</i> <input type="checkbox"/> Single <i>Célibataire</i> <input type="checkbox"/> Married <i>Marié(e)</i> <input type="checkbox"/> Seperated <i>Séparé(e)</i> <input type="checkbox"/> Divorced <i>Divorcé(e)</i> <input type="checkbox"/> Widow(er) <i>Veuf (Veuve)</i> <input type="checkbox"/> Other (please specify) <i>Autre (veuillez préciser)</i>			
8. SEX <i>Sexe</i> <input type="checkbox"/> Male <i>Masculin</i> <input type="checkbox"/> Female <i>Féminin</i>		10. In the case of minors : Surname, first name, address (if different from applicant's) and nationality of parental authority/legal guardian <i>Pour les mineurs: Nom, prénom, adresse (si différente de celle du demandeur) et nationalité de l'autorité parentale/du tuteur légal</i>		File handled by :	
11. NATIONAL IDENTITY N° , where applicable <i>Numéro national d'identité, le cas échéant</i>				Supporting documents:	
12. TYPE OF TRAVEL DOCUMENT <i>Type de document de voyage</i> <input type="checkbox"/> Ordinary Passport <i>Passeport ordinaire</i> <input type="checkbox"/> Diplomatic Passport <i>Passeport diplomatique</i> <input type="checkbox"/> Service Passport <i>Passeport de service</i> <input type="checkbox"/> Official Passport <i>Passeport officiel</i> <input type="checkbox"/> Special Passport <i>Passeport spécial</i> <input type="checkbox"/> Other travel document (please specify) <i>Autre document de voyage (à préciser):</i>				<input type="checkbox"/> Travel document <input type="checkbox"/> Means of subsistence <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> TMI <input type="checkbox"/> Other:	
13. TRAVEL DOCUMENT N° <i>Numéro du document de Voyage</i>	14. DATE OF ISSUE <i>Date de délivrance</i>	15. VALID UNTIL <i>Date d'expiration</i>	16. ISSUED BY <i>Délivré par</i>		
17. APPLICANT'S HOME ADDRESS AND EMAIL ADDRESS <i>Adresse du domicile et adresse électronique du demandeur</i>			TELEPHONE NUMBER <i>Numéro(s) de téléphone</i>		
18. RESIDENCE IN A COUNTRY OTHER THAN THE COUNTRY OF CURRENT NATIONALITY <i>Résidence dans un pays autre que celui de la nationalité actuelle</i> <input type="checkbox"/> No <i>Non</i> <input type="checkbox"/> Yes <i>Oui</i> Residence Permit or equivalent N° Valid Until <i>Autorisation de séjour ou équivalent</i> <i>N°</i> <i>Date d'expiration</i>				<input type="checkbox"/> Valid From Until	
19*. CURRENT OCCUPATION <i>Profession actuelle</i>				Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple Number of days:	

20.* EMPLOYER AND EMPLOYER'S ADDRESS AND TEL N°: FOR STUDENTS, NAME AND ADDRESS OF EDUCATIONAL ESTABLISHMENT <i>Nom, adresse et numéro de téléphone de l'employeur. Pour les étudiants, adresse de l'établissement d'enseignement</i>	
21. MAIN PURPOSE(S) OF THE JOURNEY <i>Objet(s) principal(aux) du voyage:</i> <input type="checkbox"/> Tourism <i>Tourisme</i> <input type="checkbox"/> Business <i>Affaires</i> <input type="checkbox"/> Visiting family or friends <i>Visite à la famille ou à des amis</i> <input type="checkbox"/> Culture <i>Culture</i> <input type="checkbox"/> Sports <i>Sports</i> <input type="checkbox"/> Official Visit <i>Visite officielle</i> <input type="checkbox"/> Medical Reasons <i>Raisons médicales</i> <input type="checkbox"/> Study <i>Études</i> <input type="checkbox"/> Transit <i>Transit</i> <input type="checkbox"/> Airport Transit <i>Transit aéroportuaire</i> <input type="checkbox"/> Other (please specify) <i>Autre (à préciser)</i>	
22. MEMBER STATE(S) OF DESTINATION <i>État(s) membre(s) de destination</i>	23. MEMBER STATE OF FIRST ENTRY <i>État membre de la première entrée</i>
24. NUMBER OF ENTRIES REQUESTED <i>Nombre d'entrées demandées</i> <input type="checkbox"/> Single Entry <i>Une entrée</i> <input type="checkbox"/> Two entries <i>Deux entrées</i> <input type="checkbox"/> Multiple entries <i>Entrées multiples</i>	25. DURATION OF THE INTENDED STAY OR TRANSIT. <i>Indicate number of days</i> <i>Durée du séjour ou du transit prévu. Indiquer le nombre de jours</i>

The fields marked with * shall not be filled in by family members of EU, EEA or CH citizens (spouse, child or dependent ascendant) while exercising their right to free movement. Family members of EU, EEA or CH citizens shall present documents to prove this relationship and fill in fields No 34 and 35. *Les rubriques assorties d'un * ne doivent pas être remplies par les membres de la famille de ressortissants de l'UE, de l'EEE ou de la Confédération suisse (conjoint, enfant ou ascendant dépendant) dans l'exercice de leur droit à la libre circulation. Les membres de la famille de ressortissants de l'UE, de l'EEE ou de la Confédération suisse doivent présenter les documents qui prouvent ce lien de parenté et remplissent les cases n°34 et 35.*

The fields Nos 1 to 3 shall be filled-in in accordance with the data in the travel document. *Les données des cases 1 à 3 doivent correspondre aux données figurant sur le document de voyage.*

26. SCHENGEN VISAS ISSUED DURING THE PAST THREE YEARS <i>Visas Schengen délivrés au cours des trois dernières années</i> <input type="checkbox"/> No <i>Non</i> <input type="checkbox"/> Yes <i>Oui.</i> Date(s) of validity from to <i>Date(s) de validité du au</i>	
27. FINGERPRINTS COLLECTED PREVIOUSLY FOR THE PURPOSE OF APPLYING FOR A SCHENGEN VISA <i>Empreintes digitales relevées précédemment aux fins d'une demande de visa Schengen</i> <input type="checkbox"/> No <i>Non</i> <input type="checkbox"/> Yes <i>Oui.</i> Date, if known <i>Date, si elle est connue</i>	
28. ENTRY PERMIT FOR THE FINAL COUNTRY OF DESTINATION, WHERE APPLICABLE <i>Autorisation d'entrée dans le pays de destination finale, le cas échéant</i> Issued by Valid from until <i>Délivrée par valable du au</i>	
29. INTENDED DATE OF ARRIVAL IN THE SCHENGEN AREA <i>Date d'arrivée prévue dans l'espace Schengen</i>	30. INTENDED DATE OF DEPARTURE FROM THE SCHENGEN AREA <i>Date de départ prévue de l'espace Schengen</i>
31.* SURNAME AND FIRST NAME OF THE INVITING PERSON(S) IN THE MEMBER STATE(S). IF NOT APPLICABLE, NAME OF HOTEL(S) OR TEMPORARY ACCOMODATION(S) IN THE MEMBER STATE(S) <i>Nom et prénom de la ou des personnes qui invitent dans le ou les États membres. À défaut, nom d'un ou des hôtels ou adresse(s) temporaire(s) dans le ou les États membres</i>	

ADDRESS AND EMAIL ADDRESS OF INVITING PERSON(S)/HOTEL(S)/TEMPORARY ACCOMODATION <i>Adresse et adresse électronique de la ou des personnes qui invitent/du ou des hôtels/du ou des lieux d'hébergement temporaire</i>	TELEPHONE & TELEFAX <i>Téléphone et télécopieur</i>	
32.* NAME & ADDRESS OF INVITING COMPANY/ ORGANISATION <i>Nom et adresse de l'organisation/entreprise hôte</i>	TELEPHONE & TELEFAX OF COMPANY/ORGANISATION <i>Téléphone et télécopieur de l'entreprise/organisation</i>	
SURNAME, FIRST NAME, ADDRESS, TELEPHONE, TELEFAX AND EMAIL ADDRESS OF CONTACT PERSON IN COMPANY/ORGANISATION <i>Nom, prénom, adresse, téléphone, télécopieur et adresse électronique de la personne de contact dans l'entreprise/organisation</i>		

33.* COST OF TRAVELLING & LIVING DURING THE APPLICANT'S STAY IS COVERED <i>Les frais de voyage et de subsistance durant votre séjour sont financés</i>		
<input type="checkbox"/> by the applicant himself/herself <i>par vous-même</i> MEANS OF SUPPORT <i>Moyens de subsistance</i> <input type="checkbox"/> Cash <i>Argent liquide</i> <input type="checkbox"/> Traveller's Cheques <i>Chèques de voyage</i> <input type="checkbox"/> Credit Card <i>Carte de crédit</i> <input type="checkbox"/> Prepaid accomodation <i>Hébergement prépayé</i> <input type="checkbox"/> Prepaid transport <i>Transport prépayé</i> <input type="checkbox"/> Other (please specify) <i>Autres (à préciser):</i>	<input type="checkbox"/> by a sponsor (host, company, organisation), please specify <i>par un garant (hôte, entreprise, organisation), veuillez préciser</i> <input type="checkbox"/> referred to in field 31 or 32 <i>visé dans la case 31 ou 32</i> <input type="checkbox"/> other (please specify) <i>autres (à préciser):</i> MEANS OF SUPPORT <i>Moyens de subsistance</i> <input type="checkbox"/> Cash <i>Argent liquide</i> <input type="checkbox"/> Accomodation provided <i>Hébergement fourni</i> <input type="checkbox"/> All expenses covered during the stay <i>Tous les frais sont financés pendant le séjour</i> <input type="checkbox"/> Prepaid transport <i>Transport prépayé</i> <input type="checkbox"/> Other (please specify) <i>Autres (à préciser):</i>	

34. PERSONAL DATA OF THE FAMILY MEMBER WHO IS AN EU, EEA OR CH CITIZEN <i>Données personnelles du membre de la famille qui est ressortissant de l'UE, de l'EEE ou de la Confédération suisse</i>		
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SURNAME <i>Nom</i>	FIRST NAME (S) <i>Prénom(s)</i>
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DATE OF BIRTH <i>Date de naissance</i>	NATIONALITY <i>Nationalité</i>	TRAVEL DOCUMENT or ID CARD N° <i>Numéro du document de voyage ou de la carte d'identité</i>
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35. FAMILY RELATIONSHIP WITH AN EU, EEA or CH CITIZEN <i>Lien de parenté avec un ressortissant de l'UE, de l'EEE ou de la Confédération suisse</i>		
<input type="checkbox"/> SPOUSE <i>Conjoint</i> <input type="checkbox"/> CHILD <i>Enfant</i> <input type="checkbox"/> GRANDCHILD <i>Petit-fils ou petite-fille</i> <input type="checkbox"/> DEPENDENT ASCENDANT <i>Ascendant à charge</i>		

36. PLACE & DATE <i>Lieu et date</i>	37. Signature (for minors, signature of parental authority/legal guardian) <i>Signature (pour les mineurs, signature de l'autorité parentale/du tuteur légal)</i>
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I am aware that the visa fee is not refunded if the visa is refused.

Je suis informé que les droits de visa ne sont pas remboursés si le visa est refusé.

Applicable in case a multiple-entry visa is applied for (cf. field No 24) *Applicable en cas de demande de visa à entrées multiples (cf. case n°24).*

I am aware of the need to have an adequate travel medical insurance for my first stay and subsequent visas to the territory of Member States
Je suis informé de la nécessité de disposer d'une assurance-maladie en voyage adéquate pour mon premier séjour et lors de voyages ultérieurs sur le territoire des États membres.

I am aware of and consent to the following: the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints, are mandatory for the examination of the visa application; and any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph will be supplied to the relevant authorities of the Member States and processed by those authorities, for the purposes of a decision on my visa application. *En connaissance de cause, j'accepte ce qui suit: aux fins de l'examen de ma demande de visa, il y a lieu de recueillir les données requises dans ce formulaire, de me photographier et, le cas échéant, de prendre mes empreintes digitales. Les données à caractère personnel me concernant qui figurent dans le présent formulaire de demande de visa, ainsi que mes empreintes digitales et ma photo, seront communiquées aux autorités compétentes des États membres et traitées par elles, aux fins de la décision relative à ma demande de visa.*

Such data as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered into, and stored in the Visa Information System (VIS) for a maximum period of five years, during which it will be accessible to the visa authorities and the authorities competent for carrying out checks on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence on the territory of the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will be also available to designated authorities of the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offences and of other serious criminal offences. The authority of the Member State responsible for processing the data is Ministry of Foreign Affairs (Central Visa Unit). *Ces données ainsi que celles concernant la décision relative à ma demande de visa, ou toute décision d'annulation, d'abrogation ou de prolongation de visa, seront saisies et conservées dans le système d'information sur les visas (VIS) pendant une période maximale de cinq ans, durant laquelle elles seront accessibles aux autorités chargées des visas, aux autorités compétentes chargées de contrôler les visas aux frontières extérieures et dans les États membres, aux autorités compétentes en matière d'immigration et d'asile dans les États membres aux fins de la vérification du respect des conditions d'entrée et de séjour réguliers sur le territoire des États membres, aux fins de l'identification des personnes qui ne remplissent pas ou plus ces conditions, aux fins de l'examen d'une demande d'asile et de la détermination de l'autorité responsable de cet examen. Dans certaines conditions, ces données seront aussi accessibles aux autorités désignées des États membres et à Europol aux fins de la prévention et de la détection des infractions terroristes et des autres infractions pénales graves, ainsi qu'aux fins des enquêtes en la matière. L'autorité de l'État membre est compétente pour le traitement des données Ministry of Foreign Affairs (Central Visa Unit).*

I am aware that I have the right to obtain in any of the Member States notification of the data relating to me recorded in the VIS and of the Member State which transmitted the data, and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request, the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law of the State concerned. The national supervisory authority of that Member State – Office of the Data Protection Commissioner [commissioner.dataprotection@gov.mt] will hear claims concerning the protection of personal data. *Je suis informé(e) de mon droit d'obtenir auprès de n'importe quel État membre la notification des données me concernant qui sont enregistrées dans le VIS ainsi que de l'État membre qui les a transmises, et de demander que les données me concernant soient rectifiées si elles sont erronées ou effacées si elles ont été traitées de façon illicite. À ma demande expresse, l'autorité qui a examiné ma demande m'informerá de la manière dont je peux exercer mon droit de vérifier les données à caractère personnel me concernant et de les faire rectifier ou supprimer, y compris des voies de recours prévues à cet égard par la législation nationale de l'État concerné. L'autorité de contrôle nationale dudit État membre – Office of the Data Protection Commissioner [commissioner.dataprotection@gov.mt] pourra être saisie des demandes concernant la protection des données à caractère personnel.*

I declare that to the best of my knowledge all particulars supplied by me are correct and complete. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Member State which deals with the application. *Je déclare qu'à ma connaissance, toutes les indications que j'ai fournies sont correctes et complètes. Je suis informé(e) que toute fausse déclaration entraînera le rejet de ma demande ou l'annulation du visa s'il a déjà été délivré, et peut entraîner des poursuites pénales à mon égard en application du droit de l'État membre qui traite la demande.*

I undertake to leave the territory of the Member States before the expiry of the visa, if granted. I have been informed that possession of a visa is only one of the prerequisites for entry into the European territory of the Member States. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5(1) of Regulation (EC) No 562/2006 (Schengen Borders Code) and I am therefore refused entry. The prerequisites for entry will be checked again on entry into the European territory of the Member States. *Je m'engage à quitter le territoire des États membres avant l'expiration du visa, si celui-ci m'est délivré. J'ai été informé(e) que la possession d'un visa n'est que l'une des conditions de l'entrée sur le territoire européen des États membres. Le simple fait qu'un visa m'ait été accordé n'implique pas que j'aurai droit à une indemnisation si je ne remplis pas les conditions requises à l'article 5, paragraphe 1, du code frontières Schengen et que l'entrée me soit refusée. Le respect des conditions d'entrée sera vérifié à nouveau au moment de l'entrée sur le territoire européen des États membres.*

PLACE & DATE *Lieu et date*

SIGNATURE (for minors, signature of parental authority/legal guardian)
Signature (pour les mineurs, signature de l'autorité parentale/du tuteur légal)



Sample Business Letter from U.S. Company

*****Please print your business letter on company stationery*****

June 1, 2011

Consulate General of *(Country you are traveling to)*

Consular Section

Dear Visa Officer,

Jeremy Simmons *(Insert your name)*, Vice President *(Insert your position)*, International Public Policy, East Coast Promotions, Inc. *(Insert the name of your company)* is planning a business trip to *(Country you are traveling to)* on Monday, August 3 through August 17 *(Dates of your trip)*. During this trip he has scheduled meetings to discuss the sale and distribution of our products.

His agenda is to meet and discuss business with Mr. Hank Hartford *(Insert Name of Contact)* at:

Overseas Company Name

Street Address

City, Country Zip code

Telephone number

(It is important to indicate which company and individual you are going to visit.)

East Coast Promotions, Inc. *(Insert Company Name)* will assume all financial responsibility for any debts incurred by Jeremy Simmons while traveling on business in *(Country you are traveling to)*.

He requests that you issue a *(insert type and duration of visa)* visa. I appreciate your attention to this matter.

Sincerely,

Barry G. Hart *(Please have someone other than the applicant sign this letter.)*

Senior Vice President

East Coast Promotions, Inc.



Sample Business Invitation Letter from Overseas Company

*****Please print your business letter on company stationery*****

June 1, 2011

Consulate General of *(Country you are traveling to)*

Consular Section

Dear Visa Officer,

We are cordially inviting Jeremy Simmons *(Insert your name)*, Vice President *(Insert your position)*, International Public Policy, East Coast Promotions, Inc. *(Insert the name of your company)* to visit *(Country you are traveling to)* on Monday, August 3 through August 17 *(Dates of your trip)*. During this trip he will meet with our company to discuss the sale and distribution of our products.

His agenda is to meet and discuss business with Mr. Hank Hartford *(Insert Name of Contact)* at:

Company Name

Street Address

City, Country Zip code

Telephone number

(It is important to indicate which company and individual you are going to visit.)

East Coast Promotions, Inc. *(Insert Company Name)* will assume all financial responsibility for any debts incurred by Jeremy Simmons while traveling on business in *(Country you are traveling to)*.

We request that you issue a *(insert type and duration of visa)* visa. I appreciate your attention to this matter.

Sincerely,

John P. Smith

Executive Officer

Overseas Company, Inc.