

1625 K Street NW Suite 750 Washington DC 20006 Tel: 888 838 4867 ♦ Email: TOUR@TravelDocs.com

Visa requirements shown below are for U.S. PASSPORT HOLDERS ONLY. Nationals of all other countries please contact Pinnacle TDS directly for specific requirements associated with your itinerary.

MADAGASCAR

Visa(s)	#	#		ost
Req'd	Forms	Photos		sons - 2
Madagascar	1	1	\$188.00	\$347.00

Application	Expedite Fee
Deadline	Per Person
(30 days prior to your departure)	\$30.00

Cost for each person beyond the first two will be \$157.00 Please use enclosed sample information verbatim and substitute your personal information.

Fees shown above include all necessary consular and service fees as well as the cost to ship your passport(s) via FedEx from our offices within the continental U.S. (Please add \$29.00 to cover extra shipping costs for addresses in Alaska, Hawaii, or Canada.) We strongly suggest you use FedEx or some other traceable overnight service to forward your documents to our offices.

Please enclose your actual passport along with one (1) photograph and one (1) completed visa application form for Madagascar. Please also enclose two (2) clear photocopies of the vital information page of your passport. Photographs should be recently shot passport-type photos with a clear background approximately 2" x 2" in dimension. (Note that machine or home photographs are not acceptable and photographs must be different than those in your current passport.) Your passport must be valid for a minimum of six (6) months beyond the completion of your international travel and must have at least two (2) blank unused pages available, not including those reserved for amendments and endorsements at the back of your passport. Contact PTDS directly for assistance with renewal of or to add pages to your U.S. passport, as this can easily be done at the same time you apply for your visas.

Applications must be received in our offices no fewer than 30 days prior to your departure from your shipping address. Documents received after the deadline will be subject to the per person expediting fee shown above. Special requests for passports to be expedited due to other travel plans prior to your tour departure may also require expediting fees. Please contact PTDS directly regarding any special processing needs or before submitting documents you expect may be received substantially after the deadline as there may be special requirements and/or additional fees to process your request. It may not be possible to cancel processing of your applications once they have been submitted.

Please note that consular fees, shipping fees and application requirements are subject to change without notice.

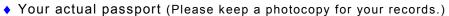
Check or credit card payment accepted. Credit card payment subject to 3.5% surcharge.





PLEASE BE CERTAIN TO RETURN THE FOLLOWING TO:

Pinnacle Travel Document Systems 1625 K Street NW Suite 750 Washington DC 20006



- Two (2) photocopies of the vital information page of you current passport
- ◆ This completed form
- One (1) completed visa application form per person for Madagascar
- One (1) passport-type photograph *per person*
- Credit or debit card authorization below

PLEASE TYPE OR PRINT CLEARLY				
Full Name (1):	Full Name (2):			
Passport #: Exp: Exp:	Passport #: Exp:/			
Home	Home Tel:			
Mailing	Work Tel:			
Address:	Email:			
(FedEx cannot deliver to PO boxes)	Date of Departure from Home: Month / Day / Year -			
Address	Tour Name: Madagascar			
For the	Date of Tour: / / Month Day Year			
Return of	Special Instructions:			
Passport:				
Tel:				
Please indicate below if there are known periods prior to your tour during which you will need your passport for another international trip or when you will not be available to sign for the return of your passport.				
I will need my passport(s) for other international travel from// to//				
I will not be at my home and/or return shipping address from/				
CREDIT CARD AUTHORIZATION: AMEX / VISA / MC (please circle one)				
Cardholder Name:CID#				
MADAGASCAR FIT 2014(MADAGASCAR89)70 FX29 188/347 2PGS VAL 6 MTHS DL 30 DYS 30.00 3.5%				
©2014 Pinnacle Travel Document Systems				

IMPORTANT NOTICE REGARDING PASSPORT PAGES & VALIDITY:

You must have at least two (2) blank unused pages available in your passport for visas and entry/exit stamps. In addition, your passport must be valid for a minimum of six (6) months beyond the completion of your international travel. If you are a U.S. citizen, and need to renew or add pages to your passport Pinnacle Travel Document Systems can easily assist you with this at the same time your visas are being processed. The total additional fees for these services (including U.S. government expediting fees) are \$222.00 for passport pages and \$250.00 for passport renewals. We can also assist you with expediting first time passport applications.

You will need to complete an application form and a letter of authorization for PTDS and must send your actual passport to us. Specific requirements and the necessary forms are available for download from our Internet site:

Passport Pages
Passport Renewals
First Time Passports
Second Passports
www.Traveldocs.com/PTDSPassports

You may also contact us via email or phone at TOUR@TravelDocs.com or 888-838-4867 and we will send you an instruction kit.

REPOBLIKAN' i MADAGASIKARA

Tanindrazana - Fahafahana - Fahamarinana

NOM de FAMILLE:	PLEASE STAPLE ONE			
(Last name) DOE		(1) PHOTO HERE		
NOM DE JEUNE FILLE:		(.,		
(Maiden Name) MARRIED FEMALES ONLY		Veuillez collez ici		
PRÉNOMS:	3	votre photographie		
(First and Middle Name) Jonathan Bonham		86		
NÉ LE:		(Please affix your		
(Date of Birth) 13 MARCH 1961		photograph here)		
né à:				
(Place of Birth) Los Angeles CA USA				
NATIONALITÉ: NATIONALITÉ D'ORIGINE:	EMPLAC	CEMENT RESERVE A L'ADMINISTRATION		
(Present nationality) USA (Previous nationality) NONE	EWII EAR	(For official use only)		
SITUATION DE FAMILLE:				
(Family Status) Married				
DOMICILE HABITUEL:				
(Home address) 1234 Main Street Anywhere CA 98765	M			
RÉESIDANT ACTUELLEMENT À:	/			
(Present address) 1234 Main Street Anywhere CA 98765				
PROFESSION OU QUALITÉ:		Nom:		
(Occupation or title) Engineer - Manager of Production SPÉCIALISATION ÉVENTUELLE:	Nom: .			
(Present specialization) Mechanical Engineer	Prénoms	ums:		
TITRE SCIENTIFIQUES:	1.00			
(Scientific qualifications) NONE	No. du v	a visa: ./		
NUMÉRO DE PASSEPORT (Passport Number) 0123456789	Date de	délivrance:		
DÉLIVIÉ I E.	Délai d'ı	ıtilisation:		
(Date of issue) 10 MAY 2005 DÉLIVRÉ PAR:	Durée d	u séjour autorisée:		
(Issued by) National Passport Center				
VALABLE JUSQU'AU: 09 MAY 2015				
(Valid until)				
		d'entrées autorisées:		
NATURE ET DURÉE DU VISA SOLLICITÉ				
(Type and Length of Request Visa) TRANSIT A DESTINATION DE				
(Country to which proceeding) LEAVE BLANK	Référen	ce de l'autorisation:		
ALLER-RETOUR AVEC ARRÉT DE JOURS				
(Round-trip with stopover for LEAVE BLANK days)				
COURT SEJOUR DE PER YOUR JOURS				
(Short stay for ITINERARY days)				
VALABLE DU: PER YOUR ITINERARY AU: PER YOUR ITINERARY				
(Valid from) (To) NOMBRE D'ENTRÉE UNE DEUX				
(Number of Entries) one two MOTIF DU VOYAGE TOURISME AFFAIRES CONGRES ETUDES				
(Reason for trip) tourism business convention studies				
Visas can be issued only when application form is completely filled out and sig and signed.				

FIT

	IBRES DE VOTRE FAMILLE VOY	AGEANT AVEC VOUS:		
(Names of relatives traveling with you)				
Johanna Sebastian D			A 100 mm	
	FFAIRES, INDIQUEZ LES NOMS E			
(If you are traveling on business, please give r	USTRIELS QUE VOUS DESIREZ RI	ENCONTRER:		
of correspondents or businessmen you wish to				
LEAVE BLANK				
	TION À UN CONGRES OU MANIFE	ESTATION,	**************************************	
INDIQUEZ L'ORGANISATEUR, I		1 1 75 4 4		
	meeting, please indicate the name of the organizing	ng party, the date and the length	<u>e</u>	
LEAVE BLANK	.1 4991	DAMES OF THE PERSON OF THE PER		
	SITAIRES OU STAGES TECHNIQU FRÉQUENTÉS, LIEUX, DATES, DI		1	
	aining, give names of institutions, addresses, date			
LEAVE BLANK				
AVEZ-VOUS DÉJÀ HABITÉ MA	DAGASCAR PENDANT PLUS DE	TROIS CONSÉCUTIFS? PRÉCIS	EZ À QUELLE DATE ET OU:	
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COMPLETE IF APPL	ICABLE			
NOMS ET ADRESSES EXACTES	S DES RÉFÉRENCES DANTIMERA	AYS DE RÉSIDENCE		
(Names and addresses of References in your co	ountry)			
ATTACHES FAMILIALES OU R	ÉFÉRENCES DAND LE PAYS DE	RÉSIDENCE:		
(Names and Addresses of relatives or refrence	es in Madagascar) PER YOUR TINE	RARY		
11	NDICATION PRÉCISE DES LIEU ET DATE (S	pecify place and date of)		
D'ENTRÉE A MADAGASCAR		DE SORTIE DE MADAGASCAF		
(entry into Madagascar) Antananarivo				
MOYEN DE TRANSPORT UTILI	lgé.			
(Means of transportation) AIR	SE.			
	ES ET CONDITION DE VOTRE HÉ	EDED CEMENT DENIDANT VOTE	E CÉLOUR À MADAGASCAR.	
(Please give your addresses and housing arrang		EBERGEMENT PENDANT VOIR	E SEJOUR A MADAGASCAR.	
PER YOUR ITINERAR				
			THE PART OF THE PA	
IMPORTANT.	JE M'ENGAGE À N'ACCEPTER A			
SÉJOUR À MADAGASCAR, À NE PAS CHERCHER À M'Y INSTALLER DÉFINITIVEMENT ET À QUITTER LE TERRITOIRE MALGACHE À L'EXPIRATION DU VISA QUI ME SERA				
	ÉVENTUELLEMENT ACCORDÉ		73	
	(I agree to accept no paid or -au pair- position of			
definitively in the country, and to leave the Malagasy territory upon the expiration of my visa).				
MA SIGNATURE ENGAGE MA RESPNSABILITÉ ET M'EXPOSE, EN SUS DES POURSUITES				
PRÉVUES PAR LA LOI EN CAS DE FAUSSE DÉCLARATION, À ME VOIR REFUSER TOUT VISA À L'AVENIR				
(My signature renders me responsible for the above statements; in case of any falsification therein, I understand that,				
in addition to any penalties imposed by Law, I would be unable in the future to receive any Malagasy visa).				
		À	LE	
		(Place)	(Date)	
AVIS DU CHEF DE POSTE:		SIGNATURE		
(For official use only)		(Signed)		

PLEASE DO NOT FORGET TO DATE AND SIGN YOUR APPLICATION

REPOBLIKAN' i MADAGASIKARA

Tanindrazana - Fahafahana - Fahamarinana

(Last name) NOM DE JEUNE FILLE: (Maiden Name) PRÉNOMS: Veuillez collez ici votre photographie	
(Maiden Name) Veuillez collez ici	
(mander reads)	
<u> </u>	
1 YOU DROOTEDING	
(First and Middle Name)	
NÉ LE: (Please affix your	
(Date of Birth) photograph here)	
NÉ À:	
(Place of Birth)	
NATIONALITÉ: NATIONALITÉ D'ORIGINE: EMPLACEMENT RESERVE A L'ADMINISTRATION	
(Present nationality) (Previous nationality) (For official use only)	
SITUATION DE FAMILLE:	
(Family Status)	
DOMICILE HABITUEL:	
(Home address)	
RÉESIDANT ACTUELLEMENT À:	
(Present address)	
PROFESSION OU QUALITÉ:	
(Occupation or title) Nom:	
SPÉCIALISATION ÉVENTUELLE:	
(Present specialization) Prénoms:	
TITRE SCIENTIFIQUES:	
(Scientific qualifications) No. du visa:	
NUMÉRO DE PASSEPORT Date de délivrance:	
(Passport Number)	
DÉLIVRÉ LE: Délai d'utilisation:	
(Date of issue)	
DÉLIVRÉ PAR: Durée du séjour autorisée:	
(Issued by) VALABLE JUSQU'AU:	
(Valid until)	
NATURE ET DURÉE DU VISA SOLLICITÉ Nombre d'entrées autorisées:	
(Type and Length of Request Visa)	
TRANSIT À DESTINATION DE	
(Country to which proceeding) Référence de l'autorisation:	
ALLER-RETOUR AVEC ARRÉT DE JOURS	
(Round-trip with stopover for days)	
COURT SEJOUR DE JOURS	
(Short stay for days)	
VALABLE DU: AU:	
(Valid from) (To)	
NOMBRE D'ENTRÉE UNE DEUX	
(Number of Entries) one two	
MOTIF DU VOYAGE TOURISME AFFAIRES CONGRES ETUDES	
(Reason for trip) tourism business convention studies	5

Visas can be issued only when application form is completely filled out and sig and signed.

NOMS ET PRÉNOMS DES ME	EMBRES DE VOTRE FAMILLE VO	YAGEANT AVEC VOUS		
(Names of relatives traveling with you)				
S'IL S'AGIT D'UN VOYAGE D'	AFFAIRES, INDIQUEZ LES NOMS	ET ADRESSES	Water Health	
1	OUSTRIELS QUE VOUS DESIREZ			
(If you are traveling on business, please given	ve names and addresses			
of correspondents or businessmen you wis	h to contact.			
	ATION À UN CONGRES OU MANI	FESTATION,		
	R, LE LIEU, LA DATE, LA DURÉE:	PO 34 CZ1 92845 16 ST		
(If you are traveling to attend a convention	or meeting, please indicate the name of the organi	zing party, the date and the length		
S'IL S'AGIT D'ÉTUDES UNIVE	RSITAIRES OU STAGES TECHNIC	QUES,		
	S FRÉQUENTÉS, LIEUX, DATES, I			
(If you intend to take up studies or technica	I training, give names of institutions, addresses, d	ates and length)		
AVEZ-VOUS DÉJÀ HABITÉ M	ADAGASCAR PENDANT PLUS D	E TROIS CONSÉCUTIFS?	PRÉCISEZ À QUELLE DATE ET OÙ:	
Have you ever lived in Madagascar for mo	re than three months? Please give date and place	to:		
NOMS ET ADRESSES EXACT	ES DES RÉFÉRENCES DAND LE	PAYS DE RÉSIDENCE:		
(Names and addresses of References in you	r country)			
ATTACHES FAMILIALES OLI	RÉFÉRENCES DAND LE PAYS D	E RÉSIDENCE:		
(Names and Addresses of relatives or refre		E RESIDENCE.		
	,			
DESTRUCTO A MARKAGAR	INDICATION PRÉCISE DES LIEU ET DATE	4 Ph	CARCAR	
D'ENTRÉE A MADAGASCAR		DE SORTIE DE MADA (departure from Madagsacar	GASCAR	
(entry into Madagascar) Antananarivo		Antananarivo		
MOYEN DE TRANSPORT UTI	LISÉ:		3000 200	
(Means of transportation)				
View reserves		IÉDED CEMENT DENIDAN	IT VOTRE CÉIQUE À MADAGASCAR.	
(Please give your addresses and housing am		HEBERGEMENT PENDAM	NT VOTRE SÉJOUR À MADAGASCAR:	
(Frease give your addresses and nousing an	anginems during your stay in Madagascar)			
IMPORTANT:			NÉRÉ OU AU PAIR DURANT MON	
SÉJOUR À MADAGASCAR, À NE PAS CHERCHER À M'Y INSTALLER DÉFINITIVEMENT QUITTER LE TERRITOIRE MALGACHE À L'EXPIRATION DU VISA QUI ME SERA ÉVENTUELLEMENT ACCORDÉ				
			ON DU VISA QUI ME SERA	
			Supramees 111 PROSEQUE VARIOUS TO	
(I agree to accept no paid or -au pair- position during my stay in Madagascar, not to try to settle down definitively in the country, and to leave the Malagasy territory upon the expiration of my visa).				
MA SIGNATURE ENGAGE MA RESPNSABILITÉ ET M'EXPOSE, EN SUS DES POURSUITES PRÉVUES PAR LA LOI EN CAS DE FAUSSE DÉCLARATION, À ME VOIR REFUSER TOUT				
				VISA À L'AVENIR
	(My signature renders me responsible for the	above statements: in case of any fal	sification therein. I understand that.	
	in addition to any penalties imposed by Law			
	The Control of the C		Andrew Schools and the Control of	
		À(Place)	LE (Date)	
AVIS DU CHEF DE POSTE:		(Flace)	(Date)	
(For official use only)		SIGNATURE		
	12.00	(Signed)		