



REQUEST FOR VISA/PASSPORT PROCESSING (Transmittal)

This form is for Casto's use only, to advise us as to what service you are requesting, when you depart on your trip, and the address to which the documents should be sent. Please complete and include this form with your passport and/or Visa application and other required documents. **Please note – This is a transmittal form. This is not a Visa Application.**

DATE: _____

FULL NAME ID APPLICANT(S) and issuing country of passport (if applicable):

1. _____ US PASSPORT HOLDER? YES ☐ NO ☐

2. _____ US PASSPORT HOLDER? YES ☐ NO ☐

3. _____ US PASSPORT HOLDER? YES ☐ NO ☐

4. _____ US PASSPORT HOLDER? YES ☐ NO ☐

IF NOT A US PASSPORT HOLDER, WHICH COUNTRY? _____ Green Card? Yes ☐ No ☐
Other Status _____

SERVICE REQUESTED:(Check applicable items)

- ☐ New Issue US Passport ☐ Renewal US Passport ☐ Passport Amendment ☐ Additional Passport Pages
☐ Applying for a Second Valid (limited) Passport

VISA EXPEDITING: (List Countries)

1.	3.
2.	4.

BASIC CHECKLIST FOR OBTAINING VISAS (Note: these are not specific visa requirements for any one country)

- Be sure passport has enough blank Visa pages for each Visa requested. Visas will not be affixed to an “Amendment” page. Extra pages may have to be added first before Visas can be issued.
- Some countries require your passport to have a minimum remaining validity of least 6 months as a visa and/or an entry requirement even if you do not need a Visa. **PLEASE CHECK WITH US REGARDING YOUR DESTINATION, AS YOU MAY NEED TO RENEW YOUR PASSPORT FIRST BEFORE ANY VISAS CAN BE ISSUED.**
- Your passport should be signed on the signature line above the vital information page usually above the inside cover of most US passports.
- To avoid any delays in processing, all Visa photos should be a standard 2"x2" color passport photo, with full face toward the camera and plain white to slightly off white background. No I.D. badge photos or ¾ view INS photos will be accepted.

DEPARTURE DATE FROM THE US:

LATEST DATE YOU WILL NEED THE PASSPORT BACK:

(Service charges will be billed according to this date)

RETURN COMPLETED DOCUMENTS TO:

Name:		Company Name:	
Address:		E-Mail:	
City/Zip Code:		Company Contact:	
Telephone (H):		Contact Telephone:	
Telephone (W):		Fax:	

RETURN VIA: ☐ FedEx Priority Overnight ☐ FedEx Second Overnight ☐ FedEx (Saturday)

FedEx Account # ☐ Casto Local Courier Surcharge will apply

PAYMENT:

Personal Check or Money Order \$ (Payable to Casto Travel, Inc.)

CREDIT CARD PAYMENTS:

Visa: MC: AMEX # Expires

Card Holders Name

Card Holder's Signature (Required) _____

Casto Travel Visa Passport and Consulting Services

2560 North First Street Suite 150 San Jose, CA 95131 (408) 553-44735 FAX (408) 296-0396 Email: passport@casto.com

Also Located at 500 Sansome Street Suite 601 San Francisco CA 94111 (408) 553-4735

DISCLAIMER: Casto Visa Passport and Consulting Services acts as a service agent only and is not liable for any negligent actions or omissions of any foreign consular office, its embassy or the US Passport Agency, other government agencies and overnight delivery services. While we make every effort to ensure that the correct visas have been issued, it is the responsibility of the traveler to check that the visas obtained are valid for the period of intended stay in that country. Use of our services constitutes agreement to these terms. Thank you.

[illegible]

REQUIREMENTS FOR U.S. CITIZENS TO OBTAIN VISA TO ENTER DEMOCRATIC REPUBLIC OF CONGO

Tourist Visa

- Submit your U.S. Passport (must have at least 6 months remaining validity)
- 2 Visa Application Forms, fully completed and signed
- 2 Passport-type photographs required
- Completed Casto Coversheet
- **Notarized** Letter of invitation from D.R.Congo host or friend
- International Certificate of Vaccination for Yellow Fever (Cholera recommended)
- Copy of round trip airline tickets or itinerary, or letter of confirmation from travel agent

Business Visa

- Submit your U.S. Passport (must have at least 6 months remaining validity)
- 2 Visa Application Forms, fully completed and signed
- 2 Passport-type photographs required
- Completed Cover Coversheet
- International Certificate of Vaccination for Yellow Fever (Cholera recommended)
- **Notarized** invitation (from the D.R. Congo)
- A business letter of responsibility is required (two copies), to be typewritten on your company or organization letterhead and addressed to: "Embassy of Democratic Republic of Congo, Visa Section, Washington DC", stating nature of business to be performed; Name and address of reference to be visited; Guarantee of return transportation and sufficient funds for the visit.
- The letter should be signed by an officer of the company other than the applicant.

Processing Instructions

- Send the passport and all completed requirements detailed above to:

**Casto Visa Passport Services
2560 North First Street Suite 150
San Jose, Ca. 95131**

Your application will be hand carried to the Embassy, and is usually processed in 4-5 business days. Rush issuance is available in 24-48 hours. The Consular fee is doubled for Rush issue.

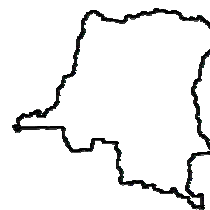
- **Consular Fee:**

Length Of Stay	1 Month Stay	2 Months Stay	3 Months Stay	6 Months Stay
Single Entry	\$ 100.00	\$175.00	\$250.00	\$350.00
Multiple Entry	\$150.00	\$200.00	\$300.00	\$400.00



EMBASSY OF THE DEMOCRATIC REPUBLIC OF THE CONGO

1726 M Street. NW
Suite 601
Washington, DC 20036
Phone: (202) 234-7690/91
Fax: (202) 234-2609



VISA APPLICATION FOR SHORT STAY

DO NOT WRITE IN THIS SPACE. FOR EMBASSY USE ONLY.

Documents verification:

- ☐ 6+ month valid passport
☐ Residence card
☐ Vaccination Certificate
☐ Airline ticket
☐ Company letter
☐ Invitation

- ☐ Issued
☐ Refused

M/S M/M 2M/S 2M/M 3M/S 3M/M 6M/S 6M/M

Notes:

Date: / /

Done by:

Verified by:

PLEASE PRINT OR TYPE IN THE SPACES PROVIDED BELOW

1. Passport number		2. Issuing authority		3. Issuance date (day/month/year) / /		4. Expiration date (day/month/year) / / 20	
5. Names (as in passport): First		Middle		Last		Others	
6. Place of birth City and state		Country		7. Date of Birth (day/month/year) / /		8. Nationality (origin)	
9. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		10. Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					
11. Spouse's information (even if separated or divorced): First name		Last name		Date (dd, mm, yyyy) and place of birth / /		Nationality	
12. Present address (street, city, province or state, postal code, country)						13. Duration at this address Years Months	
14. Telephone numbers Home		Fax		Business		Business fax Mobile/Cellular	
15. Name of employer or school		16. Present address of employer or school (street, city, province or state, postal code, country)					
17. Telephone		18. Fax		19. Present occupation / profession			
20. Names of the person in the DRC* who you will be staying with: First		Last		Other		Relationship	
21. Hotel name (if applicable):		22. Address in the DRC* (street, city, province or state)					
23. Telephone numbers Home		Fax		Business		Mobile	

24. Purpose of current trip to the DRC*	25. Length of stay in the DRC* (in days)	26. When do you intend to arrive in the DRC*? / / 20
27. Have you ever been in the DRC*? (start with your latest trip and continue on the bottom of this page or use additional pages if needed)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	For how long? Port of entry
28. Father's information		
First name	Last name	Middle name or other Nationality
29. Mother's information		
First name	Last name	Middle name or other Nationality
I certify that I have read and understood all the questions in this application and the answers I have provided are true and correct to the best of my knowledge. I understand that any false statement may result in the denial of a visa or denial of entry into the Democratic Republic of the Congo		
Please type or print your names, date of birth and passport numbers again:		
First Name	Last Name	Today's date (day/month/year) / / 20
Passport number:		
Applicant's signature:		Photos (attach 2 identity format pictures here)

(*) DRC: Democratic Republic of the Congo

Please write in the space below any additional information that could not fit in the space provided on the form.
 Make sure you write the number of the information you are referring to. Use additional pages as needed.

Casto Travel, Inc.

SAMPLE LETTER OF RESPONSIBILITY FOR BUSINESS VISAS

(Your Letterhead)

(Date)

Consulate General of _____
Address

Attention: Visa Section

Dear Sir/Madam,

This letter is to confirm that Mr./Mrs./Miss. (full name), (state position with company, as well as length of employment), will be traveling to (city, country), for the purpose of (state specific nature of business). While in (city, country), his/her principal contact will be (name, address, phone and title). The arrival date in (country name) will be _____ and the departure date from (country name) will be _____. The length of stay will be (approximate length, date to date if known). While in (country), he / she will be staying at (name and address of hotel). **IF YOU ARE REQUESTING A MULTIPLE ENTRY VISA, PLEASE STATE REQUEST HERE. (actual granting may be at the discretion of the consulate and depends on type of passport, the reciprocal relationship between the two countries and / or the frequency of travel to that country.)**

(Your company name here) hereby guarantees sufficient funds for his/her stay, as well as, round-trip air transportation and full medical insurance coverage. Please issue the appropriate visa.

Sincerely,

(Name and Title of person **other than the applicant** who can take responsibility for the contents of this letter)