

CHAD

Visa Requirements:

- ! Signed Passport valid for six months with at least one blank visa page.
- ! Three visa application forms completed and signed.
- ! Three passport sized photo 2" x 2" ONLY.
- ! Copy of itinerary or tickets from travel agency (Tourist visa)
- ! A letter of Financial Responsibility from your company in the U.S.
 - Copy of your Green Card (For Non-U.S. Citizens).

Processing Fees:

Processing Time:	American Visa Fee	Embassy Fee	FedEx Shipping Fee	TOTAL
8-14 Days Multiple Entry	\$65	\$150	\$30	\$245
3-7 Days Multiple Entry: (90 Days)	\$95	\$150	\$30	\$275
1-2 Days Multiple Entry: (90Days)	\$125	\$150	\$30	\$305

Please add \$15 for all applications submitted that are for Non U.S. citizens. **Validity of Visas:**

I Tourist and business visas are valid for 1 month for a stay of 180 days. This can be extended in Chad.

Jurisdiction:

! All states can be processed in Washington, DC

Payment Options:

Payment may be made by personal or company check, money order or by credit card (American Express, Master Card, Visa or Discover Card).

1801 Columbia Rd, NW #205, Washington, DC 20009 Tel: 202-462-5908 Fax: 202-387-5430 Email: info@americanvisadc.com www.americanvisadc.com AMBASSADE DU TCHAD WASHINGTON, DC

DEMANDE DE VISA

(pour un séjour d'un jour à trois mois)

VISA nº_

___/ARTW/_

Nom							
Name		· · ·		Attach a			
Prénom				recent passport			
First Name				size			
Date et lieu de naissance		*		photograph			
Date and place of birth				in this			
Nationalité actuelle		Current citizenship					
Nationalité d'origine		Citizenship at birth		·			
Adresse							
Address		·					
Situation de famille		Nombre d'enfants					
Marital status		Number of children		· · · · · · · · · · · · · · · · · · ·			
Passeport n°	délivré le		par				
Passport #	issued on		by				
A	Valable jusqu'au						
In		expires on					
Profession							
Profession							
Nom de l'employeur							
Employer's name			U.	x			
Motif du voyage							
Reasons fro trip				·			
Adresse durant le séjour au TCHAD							
Address during the stay in CHAD				4			
Durée du séjour	Date du départ						
Duration of stay	Date of departure						
Avez – vous déjà séjourné au TCHAD ? Si oui, où et quand ?							
Have you been in CHAD ? If yes, when and where ?							

Ma signature engage ma responsabilité et m'expose, en sus des poursuites prévues par la loi en cas de fausse déclaration, à me voir refuser tout visa d'entrée au TCHAD à l'avenir.

In signing this form, I commit myself to disclose only true information. I understand that any false statment exposes me, in addition to legal probe under Chadian laws, to being refused any Chadian visa in the future.

Place_____ Date_

Signature :

2002, R Street NW, Washington DC 20009

Tel: (202) 462 4009 Fax: (202) 265 1937