

THIS IS NOT AN APPLICATION; IT IS ONLY A COVERING LETTER FOR AMERICAN VISA OF DC

MALI

Visa Requirements:

- Signed Passport valid for six months with at least one blank visa page.
- Two visa application forms completed, printed, and signed.
- Two color passport sized photos 2" x 2" ONLY on white or very light background.
- A letter of financial responsibility from the company in the USA (For Business visa).
- Copy of flight itinerary from the travel agent or a copy of tickets (For tourist visa).
- Copy of the Green Card (For Non-U.S. Citizens).

Validity of Visas: USA citizens will receive 5 year visas.

Jurisdiction: Residents of all states can be processed in Washington DC.

Contact Person's Name: _____ Phone and email: _____

SHIPPING INSTRUCTIONS: Return completed process to:

Company Name (If applicable): _____ Contact Name _____
 Address _____ Apt#/Mail Code _____
 City _____ State _____ Zip Code _____
 Phone # _____ Email Address _____

TRAVELER(S) INFORMATION:

Departure Date from U.S.A.: _____ **Need by this date:** _____ *Rush fees **will be** applied to meet this date **if necessary**

1) Last Name: _____ First Name _____
 Passport #: _____ Passport Expires: _____ Date of Birth ____ / ____ / ____

2) Last Name: _____ First Name _____
 Passport #: _____ Passport Expires: _____ Date of Birth ____ / ____ / ____

Processing Fees: (please check one)

Processing Time:	American Visa of DC Fee:	Mali Embassy Fee	Money Order Fee	Fed Ex Shipping Fee	TOTAL
8 – 14 Business Days:	\$75	\$131	\$25	\$30	\$261
5 - 7 Business Days:	\$125	\$161	\$25	\$30	\$341
3 - 4 Business Days:	\$150	\$171	\$25	\$30	\$376
SAME DAY:	\$200	\$181	\$25	\$30	\$436

- Please add \$15 for all applications submitted that are for Non-U.S. citizens
- None-US citizens fees are as follows: 3 month single \$80, 3 month multiple \$110, 6 month multiple \$200, 1 year multiple \$370
 In addition please add the appropriate rush fee for the services requested

PAYMENT: (check one)

I authorize American Visa of DC to charge my credit card for payment of passport/visa services.

Card holders' name _____ Number _____ Exp. Date: _____

Signature _____ Today's Date: _____

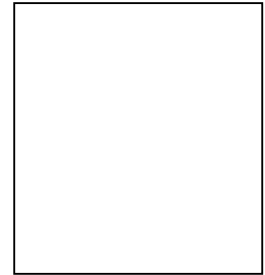
Check or Money Order made out to "American Visa of DC" for \$ _____ enclosed.

My company has a prearranged billing agreement.

For Official Use

Numéro de Code

Visa du Chef du
Service Consulaire



AMBASSADE DE LA REPUBLIQUE DU MALI AUX ETATS UNIS

2130 R STREET N.W. WASHINGTON D.C. 20008

TEL: 202 332 22 49 FAX: 202 332 66 03

DEMANDE DE VISA D'ENTREE AU MALI / MALI VISA APPLICATION FORM

NOM / LAST NAME: _____

SURNAME / PRENOM: _____

DATE DE NAISSANCE / DATE OF BIRTH: _____

LIEU DE NAISSANCE / PLACE OF BIRTH: _____

NATIONALITE / CITIZENSHIP: _____

PROFESSION / OCCUPATION: _____

LIEU D'EMPLOI / EMPLOYER'S ADDRESS: _____

ADRESSE PERMANENTE / PERMANENT ADDRESS: _____

ADRESSE AU MALI / ADDRESS IN MALI: _____

TELEPHONE / PHONE NUMBER: _____

FAX / FAX: _____

EMAIL: _____

MOTIF DU VOYAGE / PURPOSE OF THE TRIP: _____

DATE D'ENTRÉE / DATE OF ARRIVAL : _____

DUREE DU SEJOUR / LENGTH OF STAY: _____

TYPE DE VISA/ TYPE OF VISA 3 MONTHS SINGLE ENTRY 3 MONTHS MULTIPLE ENTRIES

6 MONTHS MULTIPLE ENTRIES 1 YEAR MULTIPLE ENTRIES 5 YEARS MULTIPLE ENTRIES
(US Citizens Only / Pending Eligibility)

N° DU PASSEPORT / PASSPORT NO: _____

DELIVRE LE / ISSUED ON: _____

EXPIRE LE / EXPIRE ON: _____

SIGNATURE :

DATE :