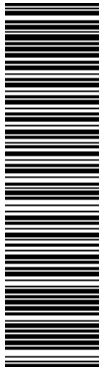


Mail documents to: VisaHQ.com Inc.  
Embassy Row  
2005 Massachusetts Ave. NW  
Washington, DC 20036

Tel: (800)345-6541



## Cape Verde Tourist visa Application



### Please enter your contact information

Name:

Email:

Tel:

Mobile:

The latest date you need your passport returned in time for your travel:



### Cape Verde tourist visa checklist



**Filled out and signed Cape Verde tourist visa application form.** The form is enclosed.



**Original Passport.** Passport must have at least 6 months remaining validity and have at least 1 visa page.



**2 Photographs.** Standard passport photographs 2x2 inches on a white background.



**Payment.** Credit Card Authorization form, Certified Check, or Money Order payable to **VisaHQ.com**.



**Return mailer.** Prepaid self-addressed return label or payment for FedEx.

If you wish to prepay return shipping, please add the shipping fee to the total and provide return address:



FedEx 2nd day delivery - From \$16

Name:



FedEx Standard Overnight - From \$22

Company:



FedEx Priority Overnight - From \$26

Address:



FedEx First Overnight - From \$55

City:



FedEx Saturday delivery - From \$60



Prepaid self addressed mailer - \$0

State:



Local pick up in Washington - \$0

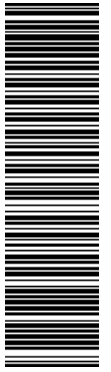
Zip:



Direct Signature Required - \$5

\* Actual prices may vary based on location per FedEx.com.

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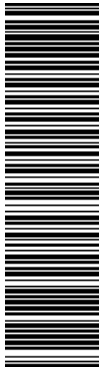


## Cape Verde Tourist visa Application

	Type of visa	Validity	Processing time	Embassy fee	Service fee	Total
	Single entry	up to 120 days	6 business days	\$60.00	\$99.00	\$159.00
	Multiple entry	up to 1825 days	6 business days	\$114.00	\$99.00	\$213.00

This order is subject to Terms of Service, posted on VisaHQ website.  
All fees and requirements may change without notice.

Mail documents to: VisaHQ.com Inc.  
Embassy Row  
2005 Massachusetts Ave. NW  
Washington, DC 20036  
Tel: (800)345-6541



## Credit card authorization form

**By signing this form i accept VisaHQ.com Terms of Service and authorize to charge my credit card for the amount of \$**

Name on the Credit Card:

Credit card number:                    -                    -                    -

Exp. date:                                    /                                    CVC:

Credit Card Billing Address:

Signature:

Comments:

**Thank you!**  
**We accept all major credit cards.**





## República de Cabo Verde

**Embassy of the Republic of Cape Verde**  
 3415 Massachusetts Avenue, N.W.  
 Washington, D.C. 20007  
 Tel. (1 202) 965 6820  
 Fax. (1 202) 965 1207  
 www.embcv-usa.gov.cv

**Consulate General of the Republic of Cape Verde**  
 607 Boylston Street - 4th Floor  
 Boston, MA 02116  
 Tel. (1 617) 353-0014  
 Fax. (1 617) 8599798  
 Email: [cgcvbost@aol.com](mailto:cgcvbost@aol.com)

DESPACHO

Nome da entidade competente:

Função:.....

Assinatura ou rubrica

**PEDIDO DE VISTO  
 DEMANDE DE VISA  
 REQUEST OF VISA**

FOTO/PHOTO

RESERVADO AOS SERVICOS- RESERVÉ AUX SERVICES- OFFICIAL USE ONLY

Reparticao _____	Tipo de Visto _____	Emissão ___/___/___	Validade ___/___/___	Numero ___/___
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Nome completo-Prenom et nom- Name and surname	
Nacionalidade – Nationalité – Nationality -	Estado Civil – Situation de famille – Marital Status
Lugar e data de nascimento – Lieu et date de naissance – Place and date of birth	
Filiação – Parents	
Profissão – Occupation	Morada actual-domicile actuel-Present address
Referências em Cabo Verde – References au Cap Vert – References in Cape Verde	
Passaporte N. Passeport Passport Nr	Emitido por- Delivé par - Issued by
Data de emissão – Date d’ expedition – Issue date ___/___/___	Valido ate – Valable jusqu’au – Valid Until ___/___/___
Motivo da estadia – Raison de séjour – Purpose of visit	
Data da entrada – Date d’entré- Date of entry ___/___/___	Requer a prorrogação do visto por mais ___ dias Demande la prorogation de visa pour ___ jours Require visas’s prorogation for ___ days
Data Date ___/___/___	Assinatura: Signat ure. _____