

Cape Verde Tourist Visa Application



IMPORTANT: Please enter your contact information

Name:

E-mail:

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.
- 1 Photographs.** Standard passport photographs 2 x 2 inches on white background.
- Payment.** Credit Card Authorization form, Certified Check, or Money Order payable to VisaHQ.ca.
- 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 the return shipping address:

- FedEx 2nd day delivery - add CAD \$25
- FedEx Priority Overnight - add CAD \$30
- FedEx First Overnight - add CAD \$40
- FedEx Saturday delivery - add CAD \$65

Name:

Company:

Address:

City:

State:

Zip:

- Itinerary.** Copy of round trip tickets or itinerary.
- Yellow Fever Vaccination.** Copy of International Certificate of Vaccination for Yellow Fever.
- Hotel Reservations.** Copy of confirmed hotel reservations.

Cape Verde tourist visa fees for citizens of Canada

Type of visa	Max. validity	Embassy fee	Our fee	Processing time	Total
Single Entry	up to 1825 days	CAD \$61.59	CAD \$69.95	3 bussiness days	CAD \$131.54
Multiple entry	up to 1825 days	CAD \$117.20	CAD \$79.95	3 bussiness days	CAD \$197.15

Credit Card Authorization Form

I authorize VisaHQ.ca to charge my credit card for the amount of \$

Name on the Credit Card:

Credit Card number: - - - Exp. date: /

Credit Card Billing Address:

Signature:

Comments:

Thank you!
We accept all major credit cards.



República de Cabo Verde
Embaixada em Washington
3415 Mass. Ave. N.W.
Washington, D.C. 20007

PEDIDO DE VISTO
VISA APPLICATION

Republic of Cape Verde
Embassy in Washington DC
Secção Consular (202)965-6820
Consular Section



Nr. de visto _____

Data/Date _____

Nome (por extenso) _____
Name (in full) _____

Lugar e data do nascimento _____
Place and date of birth _____

Estado Civil _____ Sexo _____ Profissao _____
Marital Status _____ Sex _____ Profession _____

Portador do Passaporte Nr. _____ Emitido por _____
Bearer of passport Nr. _____ Issued by _____

Em (data) _____ Expira em (data) _____
On (date) _____ Expires on (date) _____

Nacionalidade (de origem) _____ Nacionalidade (presente) _____
Nationality (of origin) _____ Nationality (present) _____

Endereço permanente _____
Permanent address _____

Razao e duração da visita _____
Reason for and length of visit _____

Esposa e filhos menores que o acompanham _____
Wife and minor children accompanying (state names in full) _____

Endereço na Rep. de Cabo Verde _____
Address in the Rep. of Cape Verde _____

Quantas entradas _____
How many entries _____

Pessoas ali residentes que possam dar referências e abonar o requerente
Persons residing there who may give references and vouch for applicant

Ja esteve em Cabo Verde? Quando e onde? _____
Have you been in Cape Verde? When and where? _____

Assinatura do Requerente
Signature of Applicant