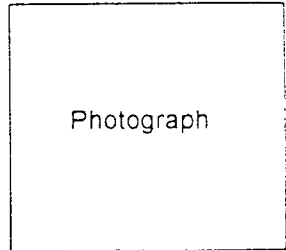




ສາທາລະນະລັດ ປະຊາທິປະໄຕ ປະຊາຊົນລາວ
 Lao People's Democratic Republic
 ສັນຕິພາບ ເອກະລາດ ປະຊາທິປະໄຕ ເອກະພາບ ວັດທະນາຖາວອນ
 Peace Independence Democracy Unity Prosperity

ສະຖານເອກອັກຄະລັດຖະທູດ
 ແຫ່ງ ສປປ ລາວ ທີ່ ວໍຊິງຕັນ, ດີ.ຊີ.
 Embassy of the Lao PDR
 2222 S Street, N.W.
 Washington, DC 20008
 Tel: (202) 667 0076
 Fax: (202) 332 4923



ຄໍາຮ້ອງຂໍວິຊາ.
 APPLICATION FOR VISA

- ຊື່.....
 FIRST NAME (IN BLOCK LETTER)

- ວັນ, ເດືອນ, ປີເກີດ.....
 DATE OF BIRTH

- ສັນຊາດ.....
 NATIONALITY

- ຫນັງສືຜ່ານແດນຫມາຍເລກ.....
 PASSPORT No

- ອອກໃຫ້ວັນທີ.....
 DATE OF ISSUE

- ທີ່ຢູ່ປະຈຸບັນ.....
 HOME ADDRESS

- ລູກຕິດຕາມທີ່ໃຊ້ຫນັງສືຜ່ານແດນດຽວກັນ 1- ຊື່ (NAME).....ອາຍຸ (AGE).....
 CHILDREN TRAVELLING WITH THE SAME PASSPORT

2- ຊື່ (NAME).....ອາຍຸ (AGE).....
 3- ຊື່ (NAME).....ອາຍຸ (AGE).....

- ເຫດຜົນຂອງການເດີນທາງ:.....
 PURPOSE OF TRIP

- ວັນທີ່ຈະເຖິງ ສປປ ລາວ:.....
 DATE OF ARRIVAL IN THE LAO PDR

- ຕາມເຂົ້າເມືອງ.....
 PORT OF ENTRY

- ຜູ້ຮັບປະກັນຢູ່ ສປປ ລາວ ຊື່:.....
 REFERENCE IN THE LAO PDR (NAME)

ທີ່ຢູ່.....
 ADDRESS

- ຈຸດເດີນທາງຫຼັງຈາກການຢ້ຽມຢາມລາວ:.....
 NEXT DESTINATION AFTER YOUR VISIT TO THE LAO PDR

- ນາມສະກຸນ.....
 FAMILY NAME (IN BLOCK LETTER)

- ສະຖານທີ່ເກີດ.....
 PLACE OF BIRTH

- ອາຊີບ.....
 OCCUPATION

- ອອກໃຫ້ທີ່.....
 PLACE OF ISSUE

- ໃຊ້ໂຕເຖິງ:.....
 EXPIRATION

.....ໂທລະສັບ:.....
 TEL:

- ພາຫະນະການເດີນທາງ:.....
 MEANS OF TRANSPORT

- ກໍານົດຢູ່ ສປປ ລາວ.....ວັນ
 DURATION OF STAY IN THE LAO PDR

..... ໂທລະສັບ (TEL):.....

ວັນທີ.....ລາຍເຊັນ.....
 DATE SIGNATURE

ຄໍາເຫັນຂອງສະຖານທູດ: (OFFICIAL USE ONLY)

ວິຊາເລກທີ:.....

ລົງວັນທີ.....

PASSPORTS PLUS, INC

5177 Richmond Ave, Suite 675, Houston, TX 77056

Toll Free: (888) 821-8472 Tel: (713) 821-0144 Fax: (713) 821-0145 Web site: www.passportsplus.com

VISA PROCESSING ORDER FORM

I. DEPARTURE DATE: _____ II. NEED BY DATE: _____

III. FULL NAME OF APPLICANT(S):

FIRST NAME MIDDLE LAST NAME PASSPORT NO.

IV. VISA(S) REQUESTED:

Country 1: _____ Country 2: _____ Country 3: _____

Visa Type: Tourist Business Work Student Transit

Number of Entries: Single Double Multiple

V. FEES (All fees are non-refundable):

Consulate Fee: \$ _____

Service Fee: \$ _____

Return FedEx: \$ _____ TOTAL FEE: \$ _____

\$20.00 per address: FedEx (up to three passports)

\$25.00 per address: FedEx (four to six passports)

\$32.00 per address: FedEx to Alaska, Hawaii and Puerto Rico or Saturday Delivery

VI. SHIPPING ADDRESS AND PHONE NUMBER:

Please provide the **exact** address where you want your completed passport to be Federal Expressed to. Incorrect address will impose a reroute fee of \$20.00. **Federal Express will not deliver to a P.O. Box.**

Company Name (if applicable): _____

Shipping Address: Street _____ Suite/Apt _____

City _____ State _____ Zip _____

Attn: _____ Signature Required? YES NO

Contact Phone No: (_____) _____

VII. PAYMENT INFORMATION (No checks will be accepted for rush processing):

We accept Visa, MasterCard, American Express and Discover. We also accept money orders, company and personal checks payable in U.S. dollars only and made out to "Passports Plus, Inc".

Card Type*: Visa MasterCard American Express Discover

Credit Card #: _____ Expiration Date: _____

Cardholder (as it appears on card): _____ Security Code: _____

* Credit card payment is subject to a 3% or \$3 charge, whichever is greater.

I have read and agreed to the terms and conditions listed on www.passportsplus.com/disclaimer.html. I understand that requirements and fees are subject to change without prior notice, and all fees are non-refundable.

Signature(s)

Date