

Mali Visa Instructions for Adventure Center Clients

G3 Visas & Passports
3300 North Fairfax Dr., Ste 220
Arlington, VA 22201
Tel: (888) 883-8472, (703) 276-8472
Fax: (703) 524-3374
Email: info@g3visas.com

Please send the following to G3 Visas & Passports:

1. **Please submit your original valid and signed passport** (The passport must have at least one blank visa page for the visa and must be valid for 6 months from the end of your trip).
2. Two visa application forms completed and signed.
3. Two 2" x 2" passport size photographs.
4. Non US citizens submit valid I-94 or a copy of your Alien Registration Card.
5. Copy of flight itinerary from Adventure Center
6. International Certificate of Vaccination for Yellow Fever (Required).

Please send this sheet with all fields completed; only one is required per family.

Contact and Shipping Information:

(Street Address Only, NO P.O. BOXES)

Name _____

Address _____

City _____

State _____

Zip Code _____

Tel # _____

Fax # _____

Date of Birth _____

Passport # _____

Date Departing US _____/_____/_____

Date Passport Needed _____/_____/_____

Email Address : _____

(We will email you the tracking number when your visas are complete.)

Shipping Fees:

All return shipping fees are included. Your passport will be returned via Federal Express. Federal Express cannot deliver to P.O. Boxes; please provide your home street address or work address.

Fees:

*Payment includes Embassy fee, service fee, and return shipping via Federal Express. **Visas will take three weeks to process.***

Multiple entries with 30 day stay \$203.00

This visa is valid for 1 year from the date of issue

Number of Travelers x \$203.00 \$_____

- Please submit an **expedite fee of \$40.00 per traveler** if you require your passport returned **in less than three weeks.**
- Consular fees subject to change without notice.

Payment Information:

All fees are payable to G3 Visas by:

- American Express
- Visa/MasterCard
- Check/Money Order

Requirements and fees are subject to change without prior notice.

I authorize G3 Visas to charge the amount of \$_____

plus a 5% processing fee to my credit card number

Expiration date _____/_____/_____ Security Code _____

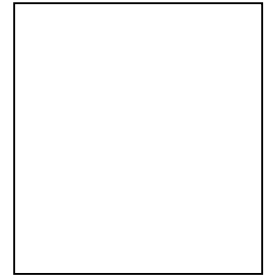
Signature of cardholder _____

(11/09)

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: _____

PRENOM / FIRST NAME: _____

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 :