

AMERICAN VISA OF DC
1801 Columbia Rd., NW #200, Washington, DC 20009
Tel: 202-462-5908 Fax: 202-387-5430
Email: info@americanvisadc.com www.americanvisadc.com

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.
- Proof of yellow fever vaccination.
- 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:	\$95	\$160	\$25	\$45	\$325
5 - 7 Business Days:	\$150	\$170	\$25	\$45	\$390
3 - 4 Business Days:	\$250	\$180	\$25	\$45	\$500
SAME DAY:	\$350	\$210	\$25	\$45	\$630

- Non-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.

American Visa of DC Inc. assumes no responsibility for the loss, damage or delay of passports or visas caused by an Embassy, Consulate, government office, postal or courier service, delivery service or travel agency. All service fees and Embassy Fees are NON-REFUNDABLE and not dependant on the visa being issued or declined. Requirements and fees relating to this request are subject to change without notice.

For Official Use

N° de Code

Visa du Chef du
Service Consulaire



**PASSPORT
PICTURE**

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 :