## **Embassy Document Services LLC.**

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## **Kazakhstan Tourist Visa Support Letter / Voucher Request**

Please feel free to call for assistance.

email invite@embdocserv.com

ast name:			First name:			<ul><li>Male</li><li>Female</li></ul>
Date of birth:	Country o	f birth:	City of birth:			
assport number:	· ·	Valid fro	m: mm-dd-yyyy	Valid to:	Country of Citizenship:	
ountry of departure:				Date of Departure:		
ontact Info: Telephon	e:	E	mail:			
las your visa application	already been sen	t to EDS? Y	es O No O			
p Information: al	l fields are req	uired				
lumber of entries:	Date of Entry into	Kazakhstan:		Date of exit from Kazakhsta	ın:	
equired for Double Entry	Second date of entry into Kazakhstan:		mm-dd-yyyy	Second Date of Exit from Kazakhstan:	mm-dd-yyyy	
ities to be visited:		_	mm-dd-yyyy		mm-dd-yyyy	
otel Name: (if applicable	e)					
ayment Method fo	or Visa Suppo	ort Fees:	all fields are re	equired		
	Pro	ocessing 6 busin	ess days.			
Single Entry valid for up to 30	0 days	\$135.00				
Double Entry valid for up to 90 days		\$175.00	** A 3% charge will be added to the total invoice if paying			credit card.
Double Entry valid for up to	180 days	\$215.00		-		
American Express	VISA/MC	Diners Club	Discover	USPS Money Order	Check	
Name on card:			Card Number:		Exp. Date:	mm/yy
Billing street address:	Billing city:					
Billing State:	Billing Zip:		Billing Country:		CIV Code:	
-						