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RENUNCIATION FORM PAYMENT

Applicant Name(s): _____

U.S. Departure Date: _____

Contact Telephone/Fax: _____

Contact Email: _____

FEES

Indian Citizenship Renunciation Fee: _____ \$20.00 _____

PAYMENT METHOD

➤ By check or money order: Please make fees payable by to **Passport Visas Express.com**

➤ Credit card: Visa MasterCard Amex Discover

Card Number: _____

Exp. Date: _____

Your Name as it Appears on Card: _____

Full Billing Address: (mark if same as shipping address) _____

Cardholder Signature: _____

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.