

TOURIST VISA REQUIREMENTS FOR CAMBODIA EXTENSION

Total Cost: One Person - \$ 147

Total Cost: Two People - \$246

Cost includes **service fees, consular fees***, and **return shipping** via secure, traceable FedEx service.

For the **Overnight Return Delivery** upgrade please add an additional \$15.00 per address. ☐

For delivery outside the **contiguous** U.S. please add an additional \$55.00. ☐

Please Send to GENERATIONS VISA SERVICE: (see address below)

- Your **SIGNED** passport: having one completely blank "visa" page & six months remaining validity. If you need help securing, renewing, or updating your passport please contact GenVisa 800-845-8968 for requirements and fees.
- One (1) recent passport photo per person (approx. 2" x 2") – no home photos / no photocopies.
- One (1) completed and signed original visa application (enclosed).
- Copy of airline itinerary in each traveler's name, or letter of confirmation from the travel agent.
- Payment: a check or money order payable to GenVisa in US Dollars and drawn on a US bank.

Complete and return this entire form with the requested materials – use secure traceable delivery.

Important: Do not send your passport/materials more than 3 months prior to your trip date.

Processing generally takes up to 4 weeks. If you need your passport returned **within 15 days**: add \$55 per person for expedited service. If you need your passport **within 7 days**: add \$85 per person for expedited service. ***Consular fees, processing times and forms are subject to change without notice.** For terms and conditions, current requirements, updated forms, and fees please

check at www.genvisa.com/viking

YOUR RETURN SHIPPING ADDRESS

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Return to: ☐ Home or ☐ Business (**recommended for security reasons**) Name & c/o: _____

EXACT address: _____ Apt/Ste#: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Date you need your passport: _____ Your E-mail address (**Important**): _____

Date **YOU Depart the U.S.:** _____ Date **You Enter Cambodia:** _____

Optional insurance: \$9.00 per passport: in the unlikely event that your passport is lost or damaged in transit. This will cover your full **direct** out of pocket visa(s) and passport replacement costs up to \$2,000. Please check one of the boxes below.

☐ **Yes**, I have added an additional \$9.00 per person for the optional insurance. [FedEx signature required upon delivery.]

☐ **No**, I decline the optional insurance and understand that in the unlikely event my passport is lost or damaged; Generations Visa Service liability is limited to \$100 [No signature required upon delivery]

Send materials to:

GENERATIONS VISA SERVICE
2233 WISCONSIN AVE N.W. #405
WASHINGTON D.C. 20007-4151
1-800-845-8968

Viking – Cambodia Extension



Helpful information for completing Cambodia application

Passport of traveling document is valid for (country) ... **USA** for US citizens

Date of entry to Cambodia: Day...Month...Year...Please provide the date of **expected** arrival into Cambodia. Cambodia visa is issued for three months validity and it is OK to approximate.

Date of departure (length of stay) ... Please indicate the total **expected** length of stay in the country. Cambodia visa is issued for three months validity and it is OK to approximate.

Point of entry: ...Please indicate a port of arrival/border crossing into the territory of Cambodia. **(Siem Reap for example)**

Means of Transportation: ... Please specify how you arrive in Cambodia: **by plane**, by boat, by bus etc.

Point of exit: ... Please indicate a port of departure/border crossing from the territory of Cambodia. **(Phnom Penh for example)**

Means of Transportation: ... Please specify how you depart from Cambodia: by plane, by boat, by bus etc.

Address during the visit... For land tours please provide the name of the hotel. For river and ocean cruises please state: ***on board cruise ship (name of the ship)***

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ROYAL EMBASSY OF CAMBODIA
TO THE UNITED STATES OF AMERICA
4530 16th Street N.W.
Washington D.C. 20011
202-7267742 www.embassyofcambodia.org
9:00-12:00pm / 1:00-4:00pm Monday to Friday

KINGDOM OF CAMBODIA

Nation – Religion - King



(*) required information

VISA APPLICATION FORM

Purpose of Visit*

☐ Tourist ☐ Official ☐ Diplomatic
☐ Business ☐ Other (Please Specify) _____

2 x 2
One (1) Passport picture

Recent at least
six (6) months

Securely Attached
Paste or Stapled
L/R (side-to-side)

Last Name: * _____

First Name: * _____

Gender: * ☐ Male ☐ Female

Date of Birth * Day _____ Month _____ Year _____

Place of Birth * _____

Birth Nationality * _____

Present Nationality: * _____

Passport Number: * _____

Place of Issue: * _____

Date Issued: * _____

Date Expire: * _____

Arrival Date in Cambodia* Jan - Feb - Mar - Apr
May - Jun - Jul - Aug
Sep - Oct - Nov - Dec

Day _____ Month _____ Year _____

Exit Date in Cambodia* Jan - Feb - Mar - Apr
May - Jun - Jul - Aug
Sep - Oct - Nov - Dec

Day _____ Month _____ Year _____

TOURIST VISA REQUIREMENTS

Present Occupation: _____

Company: _____

Current Home Address: * _____

Mobile Phone: * _____

Home Phone: * _____

Email Address: * _____

Point of Entry: * _____

Means of Transportation: * _____

Address during the visit: * _____

Point of Exit: * _____

Means of Transportation: * _____

Address during the visit: * _____

First trip to Cambodia: ☐ Yes ☐ No

Travelling on group tour: ☐ Yes ☐ No

Tour Company: * _____

I hereby declare that all information on this form are true and correct.

FOR OFFICIAL USE ONLY:

DATE PROCESSED _____

VISA NUMBER _____

TYPE OF VISA _____

*Signature

*Applicant Full Name in print & Date Signed



Smart Traveler Enrollment Program

“Stay Informed, Stay Connected, Stay Safe!”

For a nominal fee Generations Visa Service will register you and your travel details with the nearest U.S. Embassy or Consulate in the countries you are visiting. This registration allows the US government to efficiently safeguard its citizens while overseas.

Benefits of Enrolling in Smart Traveler Enrollment Program:

- Receive important information from the Embassy about up-to-the-minute safety conditions in your destination country, helping you make informed decisions about your travel plans.
- Help the U.S. Embassy contact you in an emergency, whether natural disaster, civil unrest, or family emergency.
- Help family and friends get in touch with you in the case of an emergency.

Personal Information (Please fill out legibly in block letters)

Traveler #1's full name (LAST, First, Middle):
Date of Birth (MM/DD/YYYY):
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Passport Number: P_____
Email Address*:
Phone Number:

Traveler #2's full name (LAST, First, Middle):
Date of Birth (MM/DD/YYYY):
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Passport Number: P_____
Email Address*:
Phone Number:

*Email addresses will not be used for solicitation purposes

Travel Information

Country #1:
Approx. Date of Entry (MM/DD/YYYY):
Approx. Date of Exit (MM/DD/YYYY):
Name and Address of the first hotel:
Name of the Tour Operator:
VIKING CRUISES (800)633-7988

Country #2 (if applicable):
Approx. Date of Entry (MM/DD/YYYY):
Approx. Date of Exit (MM/DD/YYYY):
Name and Address of the first hotel:
Name of the Tour Operator:
VIKING CRUISES (800) 633-7988

☐ **Yes, please enroll me in Smart Traveler Program. I have added an additional \$15.00 per person for this service. Please include STEP enrollment fees in the total payment for visa processing.**

Please note: If you receive an email confirmation from the Department of State titled “Smart Traveler Enrollment Program Invitation,” one of our agents has enrolled you in the Program with the information provided. No further action is necessary on your part.