

# TOURIST VISA REQUIREMENTS

## FOR UGANDA E-Visa (Single Entry)

Consular fee: \$ 55 p/person  
GenVisa service fee: \$ 49 p/person  
Total Cost: **\$104 One Person**

Consular fee: \$ 55 p/person  
GenVisa service fee: \$ 49 p/person  
Total Cost: **\$208 Two People**

For **East Africa Tourist Visa**, valid for 90 days from the date of first entry and good for multiple entries into **Uganda, Kenya, and Rwanda** please **add \$55.00 to the above costs**   
If you wish to apply for this visa you must apply to the first country that you are entering.

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

- **High resolution color copy of the data pages of your passport** (pages 2-3) on a single sheet of paper in the actual size. *If you need help securing, renewing, or updating your passport, please contact GenVisa at 800-845-8968.*
  - **One (1) Clear, High Resolution Passport Photo** - 2"x 2", must be taken within 6 months on white background, front view, no smiling, and no glasses. No homemade photos, please!
  - **One (1) completed and signed visa application form** per person, enclosed for your convenience.
  - **International Certificate of Vaccination for Yellow Fever.**
  - **Copy of round-trip airline tickets or itinerary**, or letter of confirmation from travel agent (invoice).
  - **Copy of hotel accommodation confirmation** in each traveler's name.
  - **Prepaid self-addressed first-class mail envelope** if you wish to receive a physical copy of your E-Visa.
  - **Payment:** a check or money order payable to GenVisa in US Dollars, drawn on a US bank.
- Important:** Complete and *return this entire form* with the requested materials – use a traceable form of mail.  
**Do not send your materials more than 3 months prior to your trip date.**

Visa processing generally takes 3 weeks. If you need your E-Visa returned **within 10 days: add \$55 per person** for expedited service, **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, processing times, updated forms and fees please check online at [www.genvisa.com/gate1](http://www.genvisa.com/gate1)

## **YOUR CONTACT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**EXACT** address: \_\_\_\_\_ Apt/Ste#: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date you need your E-Visa: \_\_\_\_\_ Your E-mail address (**Important**): \_\_\_\_\_

Date Your Depart the U.S.: \_\_\_\_\_ Date You Enter Uganda \_\_\_\_\_

**Optional LIFETIME Passport Replacement insurance:** \$29.99 per passport: in the unlikely event that your passport is lost or damaged, GenVisa will arrange for expedited passport replacement in the United States. Please see the Passport Insurance page for details (included in the visa kit) and choose one of the boxes below.

**Yes**, I have added an additional \$29.99 per person for the Lifetime Passport Replacement insurance.

**No**, I decline the Lifetime Passport Replacement insurance.

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





**THE REPUBLIC OF UGANDA  
VISA APPLICATION**

1. Last Name (Family Name): .....

2. Other Given Names: .....

3. Former Name(s) if applicable:.....

4. Permanent Address: .....

.....

a. Telephone No (s): Home: (    ) .....Work: (    ) .....

Cell phone (*optional*): (    ).....

b. E-mail address: .....

5a. Nationality:..... 5b. Current Occupation:.....

6. Date and Place of Birth ...../...../.....  
Day Month Year Place of Birth

7. Marital Status: (check/tick one):  Married  Single  Divorced

8. If married, provide **Spouse' Full Name**

(N.B. Each traveling family member must have a separate application filled out for them)

Spouse.....

Child.....

Child.....

9. Passport No:..... Date of Issue...../...../..... Expiry date...../...../.....  
Day Month Year Day Month Year

Type of Passport (check/tick one)  Diplomatic  Official  Ordinary

10. Type of Visa required (check/tick one)

Transit  Single Entry  Multiple Entry (Six Months)  Multiple Entry (12 Months)

11. Category of Visa (check/tick one)

Tourist  Holiday visit  Business  Student  Govt. Business

12. Proposed Date of Arrival in Uganda: ...../...../.....  
Day Month Year

Planned duration of Stay in Uganda: .....

13. Reason for the Journey: .....

14. Date(s) of any Previous Visit(s) to Uganda: .....

15. Any contact person in Uganda:

a. Name: .....  
First Last/Family Name

b. Phone: ..... c. email:.....

16. Full address where you intend to stay while in Uganda: .....  
.....

17. Travel History: List **FIVE most recent countries** that you visited:

18. Point of entry or where you want to have your visa personalized \_\_\_\_\_

Have you been denied a Visa before? YES NO

Have you been deported before? YES NO

Have you been convicted in any country? YES N NO

Are there any criminal proceedings against you? YES NO

Are you suffering from any mental illness? YES NO

Signature \_\_\_\_\_

Date \_\_\_\_\_



## **LIFETIME US PASSPORT REPLACEMENT INSURANCE FOR \$29.99 PER PERSON**

This affordable passport replacement program offers **expedited** replacement of your lost, stolen, or damaged US passport– **up to \$399 in replacement service fees**. Upon receipt of your claim, we will arrange for the fastest available turnaround to process your passport replacement application under specific circumstances.

### **By enrolling, you agree to the following:**

- ✓ GenVisa will waive its expedited processing fees. You are responsible for applicable Government and shipping fees only.
- ✓ GenVisa will select the fastest available processing speed based on your scheduled departure date.
- ✓ Coverage does not include replacement of expired passports, passports that ran out of visa pages, name changes, or valid travel visas.
- ✓ Coverage cannot exceed our service fee for an EMERGENCY passport at the time of the claim.

### **Insurance coverage excludes:**

- ✓ Replacement of expired passports, passports that ran out of visa pages. name changes, or valid travel visas.
- ✓ Replacement of lost, stolen, or damaged passports while outside the United States and its territories. Should that happen, you must apply in person at the nearest US Embassy for an emergency passport.

To make a claim, please call (800) 845-8968 or email us at [info@genvisa.com](mailto:info@genvisa.com).

### **Optional LIFETIME Passport Replacement insurance: \$29.99 per passport.**

In the unlikely event that your passport is lost or damaged, Genvisa will arrange for expedited passport replacement in the United States.

Please choose one of the boxes below.

- No**, I decline the Lifetime Passport Replacement insurance.
- Yes**, I have added an additional \$29.99 per person for the Lifetime Passport Replacement insurance. **Please include insurance fees in the total payment for visa processing.**

Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 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**

Traveler #1’s full name (LAST, First, Middle):
Date of Birth (MM/DD/YYYY):    /    /
Passport Number: P _____
Date of Exp. (MM/DD/YYYY):    /    /
Gender: Male ___ Female ___
Email Address*:
Phone Number:

Traveler #2’s Full name (LAST, First, Middle):
Date of Birth (MM/DD/YYYY):    /    /
Passport Number: P _____
Date of Exp. (MM/DD/YYYY):    /    /
Gender: Male ___ Female ___
Email Address*:
Phone Number:

\*Email addresses will not be used for solicitation purposes

### **Travel Information**

<b>Country #1:</b> UGANDA
Approx. Date of Entry (MM/DD/YYYY):    /    /
Approx. Date of Exit (MM/DD/YYYY):    /    /
Name and Address of the first hotel:
The Boma Guest House
Plot 20A Gowers Road
Entebbe, Uganda
Contact in Country, if known (phone or email):
Gate1 Travel - 800-682-3333

<b>Country #2 (if applicable):</b>
Approx. Date of Entry (MM/DD/YYYY):    /    /
Approx. Date of Exit (MM/DD/YYYY):    /    /
Name and Address of the first hotel:
Contact in Country, if known (phone or email):

- Yes**, please enroll me in Smart Traveler Program. I have added an additional **\$15.00 per person** for this service.
- No**, I decline the optional Smart Traveler Program enrollment 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.**