

TOURIST VISA REQUIREMENTS FOR KENYA (Single Entry)

Total cost - One person - \$143

Total cost - Two people - \$262

For **East Africa Tourist Visa**, valid for 90 days from the date of first entry and good for multiple entries into **Kenya, Rwanda and Uganda** please **add \$55.00 to the above costs**

If you wish to apply for this visa you must apply with the first country that you are entering.

For delivery **outside the contiguous U.S.** please add additional \$35.00.

For **FedEx Overnight** Delivery please add \$10.00 per address to above costs

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

- ___ Your signed **passport**: having two completely blank "visa" pages & six months validity beyond the travel date. For help with passport processing, call GenVisa at 1-800-845-8968.
- ___ Two (2) recent professional **photos** per person (approx. 2"x2"). Do not attach to the application!
- ___ One (1) completed and signed visa application form per person.
- ___ Copy of travel **itinerary**, or letter of confirmation from your tour operator.
- ___ **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 a traceable form of delivery.

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

Visa processing generally takes 3-4 weeks. If you need your passport returned **within 21 days**: add \$45 per person for expedited service, **within 14 days**: add \$65 per person for expedited service, **within 7 days**: add \$95 per person for expedited service. *Consular fees and forms are subject to change without notice. For current requirements, terms and conditions, updated forms and fees please check at: www.genvisa.com

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 **THIS TOUR** Departs the U.S.: _____

If you wish to utilize a FedEx label for a convenient, secure and traceable delivery to GenVisa office, please check this box, add \$24 to the total processing fee and proceed to the following portal: <http://returns.nrgsoft.com/genvisa.php>

Optional insurance: \$9.00 per passport: in the unlikely event that your passport is lost or damaged in transit. This will cover your full out of pocket *direct* 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. #311
WASHINGTON D.C. 20007-4126
1-800-845-8968



GVS – Kenya

GENERATIONS
VISA SERVICE



EMBASSY OF THE REPUBLIC OF KENYA
2249 R. ST. N. W.
WASHINGTON, D. C. 20008
Tel: (202) 387 6101 Fax: (202) 462-3829

APPLICATION FORM FOR A VISA
(TO BE COMPLETED IN BLOCK LETTERS)

SINGLE VISA **MULTIPLE VISA** **TRANSIT VISA**

1. a. Surname (Mr/Mrs/Miss) _____ b. Other Names _____
c. Full Names of Father/Husband/Wife _____
(Names of husband or wife in case of married persons or father, if unmarried)
2. a. Date of Birth _____ Country and Place of Birth _____ Sex _____
b. Profession/Occupation _____
3. A. Country of Residence _____
b. Nationality at Birth _____ c. Present Nationality, if different _____
4. Passport/Travel Document Held:
a. No. _____ Place & Date of Issue _____
b. Issued by _____ Valid Until _____
(Name of Authority Issuing Passport/Travel Document)
5. Contact address and telephone number in the US _____

6. a. Reason for Entry _____
b. Proposed Date of Entry _____ Duration of Stay _____
7. Full names and addresses of friends, firms or relatives to be visited, if any: _____

8. Dates and duration of previous visits to Kenya _____
9. Will you be returning to your Country of Residence/Domicile? _____
10. It should be noted that possession of a visas is not the final authority to enter Kenya.

I hereby declare that the foregoing particulars are correct in every detail.

Date _____ Signature of Applicant _____

FOR OFFICIAL USE ONLY



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: |
| |

| |
|--------------------------------------|
| 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: |
| |

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.