

TOURIST VISA REQUIREMENTS FOR MADAGASCAR (single entry stay up to 30 days)

Consular fee: \$34 p/person
GenVisa service fee: \$51 p/person
Return FedEx fee: \$ 24 p/address
Total Cost: \$109 One Person

Consular fee: \$34 p/person
GenVisa service fee: \$51 p/person
Return FedEx fee: \$ 24 p/address
Total Cost: \$194 Two People

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

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

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

- Your **SIGNED** passport: having **one** completely blank "visa" page & **six** months validity beyond the travel date. If you need help securing, renewing or updating your passport please contact GenVisa at 1-800-845-8968 for requirements and fees.
- **One (1)** recent passport **photo(s)** per person (approx 2x2) – no home photos / no photocopies.
- **One (1)** completed, printed and signed visa application form per person.
- Copy of travel **itinerary**, or letter of confirmation from a 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 to the address below.
Important: Do not send your passport/materials more than 3 months prior to your trip date.

Processing generally takes 2-3 weeks. If you need your passport **within 14 days:** add \$55 per person for expedited service. If you are departing **within 5 days:** call GenVisa prior to sending your materials. If you are a non-US citizen, call for entry requirements. ***Consular fees, processing times and forms are subject to change without notice.** For current requirements, terms and conditions, updated forms and fees please check online at www.genvisa.com/rcrusoe

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 U.S.: _____

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 and 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. [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. 20007-4119
1-800-845-8968

R. Crusoe & Son - Madagascar



NOMS ET PRÉNOMS DES MEMBRES DE VOTRE FAMILLE VOYAGEANT AVEC VOUS: (Names of relatives traveling with you)	
S'IL S'AGIT D'UN VOYAGE D'AFFAIRES, INDIQUEZ LES NOMS ET ADRESSES DES COMMERCANTS OU INDUSTRIELS QUE VOUS DESIREZ RENCONTRER: (If you are traveling on business, please give names and addresses of correspondents or businesspeople you wish to contact.)	
S'IL S'AGIT D'UNE PARTICIPATION À UN CONGRES OU MANIFESTATION, INDIQUEZ L'ORGANISATEUR, LE LIEU, LA DATE, LA DURÉE: (If you are traveling to attend a convention or meeting, please indicate the name of the organizing party, the date and the length)	
S'IL S'AGIT D'ÉTUDES UNIVERSITAIRES OU STAGES TECHNIQUES, INDIQUEZ ÉTABLISSEMENTS FRÉQUENTÉS, LIEUX, DATES, DURÉES: (If you intend to take up studies or technical training, give names of institutions, addresses, dates and length)	
AVEZ-VOUS DÉJÀ HABITÉ MADAGASCAR PENDANT PLUS DE TROIS MOIS CONSÉCUTIFS? PRÉCISEZ À QUELLE DATE ET OÙ: Have you ever lived in Madagascar for more than three months? Please give date and place.	
NOMS ET ADRESSES EXACTES DES RÉFÉRENCES DANS LE PAYS DE RÉSIDENCE: (Names and addresses of references in your country)	
ATTACHES FAMILIALES OU RÉFÉRENCES DANS LE PAYS DE RÉSIDENCE: (Names and Addresses of relatives or references in Madagascar)	
INDICATION PRÉCISE DES LIEU ET DATE (specify place and date of)	
D'ENTRÉE A MADAGASCAR (entry into Madagascar)	DE SORTIE DE MADAGASCAR (departure from Madagsacar)
MOYEN DE TRANSPORT UTILISÉ: (Means of transportation)	
INDICATION DE VOS ADRESSES ET CONDITION DE VOTRE HÉBERGEMENT PENDANT VOTRE SÉJOUR À MADAGASCAR: (Please give your addresses and housing arrangements during your stay in Madagascar)	

IMPORTANT: JE M'ENGAGE À N'ACCEPTER AUCUN EMPLOI RÉMUNÉRÉ OU AU PAIR DURANT MON SÉJOUR À MADAGASCAR, À NE PAS CHERCHER À M'Y INSTALLER DÉFINITIVEMENT ET À QUITTER LE TERRITOIRE MALGACHE À L'EXPIRATION DU VISA QUI ME SERA ÉVENTUELLEMENT ACCORDÉ

(I agree to accept no paid or -au pair- position during my stay in Madagascar, not to try to settle down definitively in the country, and to leave the Malagasy territory upon the expiration of my visa).

MA SIGNATURE ENGAGE MA RESPONSABILITÉ ET M'EXPOSE, EN SUS DES POURSUITES PRÉVUES PAR LA LOI EN CAS DE FAUSSE DÉCLARATION, À ME VOIR REFUSER TOUT VISA À L'AVENIR

(My signature renders me responsible for the above statements; in case of any falsification therein, I understand that, in addition to any penalties imposed by Law, I would be unable in the future to receive any Malagasy visa).

À _____ LE _____
 (Place) (Date)

SIGNATURE _____
 (Signed)

AVIS DU CHEF DE POSTE: (For official use only)
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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:
Contact in Country, if known (phone or email):

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:
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.

Please include STEP enrollment fees in the total payment for visa processing. Use Credit Card payment option below ONLY if you are applying for STEP enrollment separately on its own:

Credit Card Number: _____ Security Code: _____

Expiry Date (mm/yyyy): _____ Signature: _____

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 required on your part.