

TOURIST VISA REQUIREMENTS FOR

VIETNAM (Multiple Entry E-VISA) & CAMBODIA (Single Entry E-VISA)

Government Fees:	- \$ 95	Government Fees:	- \$190
Discounted GenVisa fees:	- \$118	Discounted GenVisa fees:	- \$236
Total Cost for one person:	- \$213	Total Cost for two people:	- \$426

Cost includes service fees, government fees* and return delivery by

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

- Perfect COLOR copy of the data page of your passport If you need help securing or renewing your passport, please contact GenVisa at 800-845-8968 for requirements and fees, OR
- Two (2) recent passport-style pictures per person (approx. 2" x 2") – Do not staple to the applications!
- One completed and signed visa application form per person per country.
- Itemized cruise and flight itinerary (Viking Guest Statement) showing travel dates, entry and exit points in each traveler's name.
- Prepaid self-addressed first-class mail envelope if you wish to receive a physical copy of your receipt.
- 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 using secure, trackable delivery.

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

Visa processing generally takes up to 4 weeks. If you need your E-visas processed **within 15 days**: add \$90 per person for expedited service, **within 7 days**: add \$150 per person for expedited service. ***Consular fees 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 PERSONAL CONTACT INFORMATION

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

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

City: _____ State: _____ Zip Code: _____

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

Date You Depart the US: _____ **Date you Enter Vietnam:** _____ **Date you Enter Cambodia:** _____

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 Expedited Passport Replacement insurance.**

☐ **No, I decline the Lifetime Expedited Passport Replacement insurance**

Send materials to:

GENERATIONS VISA SERVICE
5335 WISCONSIN AVE N.W. #380
WASHINGTON D.C. 20015-2030
1-800-845-8968

Viking – Vietnam (M/E E-visa)/ Cambodia (S/E E-Visa)



Personal Information Form – Vietnam E-Visa

Each applicant should fill out his or her questionnaire. Failure to provide accurate and complete information will result in delays, additional processing fees, and rejections of your E-Visa applications

PERSONAL INFORMATION:
Surname (as it appears in the passport):
First Name:
Middle Name:
Gender: Male ☐ Female ☐
Applicant's Date of Birth (MM/DD/YYYY): ____/____/____
Applicant's Place of Birth (city, state, country):
Applicant's Nationality at Birth:
Religion:
APPLICANT'S CONTACT INFORMATION:
Physical Street Address:
City, State, Zip code:
Phone Number:
Email Address (Important):

EMERGENCY CONTACT INFORMATION:
Full Name:
Relationship with the applicant:
Physical Street Address:
City, State, Zip code:
Phone Number:

TRAVEL INFORMATION
Date of Arrival in Vietnam:
Date of Departure from Vietnam:

Signature: _____ Date: _____

ROYAL EMBASSY OF CAMBODIA
TO THE UNITED STATES OF AMERICA
4530 16th Street N.W.

Washington D.C. 20011

<https://www.embassyofcambodiadc.org>

KINGDOM OF CAMBODIA
Nation — Religion — King

2 x 2 Photo

VISA APPLICATION FORM

Tourist (Type-T) Visa

** Required*

LAST NAME:* _____

FIRST NAME:* _____

GENDER:* ☐ MALE ☐ FEMALE

DATE OF BIRTH* DAY ____ / MONTH ____ / YEAR ____

BIRTH NATIONALITY* _____

PRESENT NATIONALITY:* _____

PLACE OF BIRTH* _____

PASSPORT NUMBER:* _____

PLACE OF ISSUE:* _____

DATE OF ISSUE:* _____

DATE OF EXPIRATION:* _____

(Approximate date of entry only from A to B)

Date A: DAY ____ / MONTH ____ / YEAR ____

Date B: DAY ____ / MONTH ____ / YEAR ____

LENGTH OF STAY IN CAMBODIA: _____

Employer: _____

Current Home Address: _____

Mobile number:* _____

Alternative contact number: _____

Email address: _____

Port of Entry: (Int'l Airport)* ☐ Phnom Penh ☐ Siem Reap ☐ Sihanoukville

or other Port of Entry: _____

Address where you will stay in Cambodia? _____

Have you ever been in Cambodia? ☐ Yes ☐ No If yes, when? _____

Have you ever been issued a Cambodian Visa? ☐ Yes ☐ No

If Yes, What type of Visa? _____

Have you ever been refused a Cambodian Visa or been refused admission to Cambodia? ☐ Yes ☐ No If Yes, What reason? _____

Your answer will not affect your visa application.

VACCINATION STATUS?

Are you fully vaccinated? ☐ Yes ☐ No Vaccine Type? _____

Do you have the vaccination card or certificate? ☐ Yes ☐ No

Did you take your booster shot? ☐ Yes ☐ No

FOR OFFICIAL USE ONLY (052022-1)

DATE PROCESSED: _____

VISA NUMBER: _____

REMARKS: _____

TOURIST (VISA-T)

I hereby declare that the information on this form is true and correct to the best of my knowledge.

****Parent or guardian can sign on behalf of the child (minor).**

****Print your complete name and relation.**

***Print your complete name with signature and 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.

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 (Please fill out legibly in block letters)

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

Traveler #2's full name (LAST, First, Middle):
Date of Birth (MM/DD/YYYY):
Gender: Male ☐ Female ☐
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
(877) 668-4546

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
(877) 668-4546

☐ **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.



CREDIT CARD AUTHORIZATION FORM

Card issuer : _____

Credit Card Num: _____

Expiration Date: _____

Visa, MasterCard, Discover **Security Code:** (3 digits back of card - **MANDATORY**): _____

Amex **Security Code:** (four-digit code on front of card, right side - **MANDATORY**): _____

Card Holder: _____

Billing Address: _____

City, State, Zip: _____

Telephones: Day: _____ Eve: _____

This form certifies that I am the above-referenced cardholder and that I authorize
Generations Visa Service to charge my credit card for the following payments

(3 % credit card transaction fee will be added to the total amount):

NONREFUNDABLE visa processing fees in the amount of \$_____ **US Dollars.**

Disputed credit card transactions will incur a service fee of \$250.

By signing below, I understand and acknowledge the charges in the amount listed above.

I acknowledge payment in full is to be made when billed or in extended payment in accordance with the standard policy of the company issuing the credit card. Once the application is submitted for processing, I waive my right to dispute these charges.

Card Holder Signature: _____

Printed Name: _____

Date: _____

5335 Wisconsin Ave N.W. # 380, Washington, DC 20015, USA

Phone: (800) 845-8968 | (202) 337-7080 Fax: (202) 337-3447