

**TOURIST VISA REQUIREMENTS:**  
**SOUTHEAST ASIA & HONG KONG on board Viking Venus**  
**VIETNAM (Single Entry E-Visa) & CAMBODIA (Single Entry Label Visa)**  
**Total Cost: One Person - \$ 236** **Total Cost: Two People - \$424**

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 actual **SIGNED passport** with 2 completely blank "visa" pages & six months validity beyond your travel dates. If you need help securing or renewing your passport, please contact GenVisa at 800-845-8968 for requirements and fees.
- **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.
- 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 from the date of submission. If you need your passport returned **within 21 days**: add \$90 per person for expedited service, **within 10 days**: add \$150 per person for expedited service. These requirements are for U.S and Canadian passport holders and legal U.S. residents. \*Consular fees and forms are subject to change without notice. For terms and conditions, current requirements, and fees please check at [www.genvisa.com/viking](http://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 **US**: \_\_\_\_\_

Date **You enter Cambodia**: \_\_\_\_\_ Date **You enter Vietnam**: \_\_\_\_\_

**Optional insurance: \$12.00 per passport.** In the unlikely event that your passport is lost or damaged in transit. It 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 **\$12.00** 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**  
**5335 WISCONSIN AVE N.W. #380**  
**WASHINGTON D.C. 20015-2030**  
**1-800-845-8968**

**Viking – Vietnam S/E E-Visa, Cambodia**



## 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**

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

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

<b>TRAVEL INFORMATION</b>
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>



\* Required

KINGDOM OF CAMBODIA  
Nation — Religion — King

2 x 2 Photo

VISA APPLICATION FORM  
Tourist (Type-T) Visa

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: \_\_\_\_\_

**VISA INFORMATION**

1. This is valid to use or to enter Cambodia within three(3) months from the date of issued and allowed to stay for 30 days upon entering Cambodia.
2. Visa is renewable for another 30 days at the Cambodia Immigration Office.
3. It is only a single-entry visa.
4. It is a sticker visa and needed to affixed to your passport visa page.

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

**CAMBODIA ARRIVAL PROCEDURE**

Use your phone camera to scan the QR Code —>>>  
or visit the Embassy website link below.

<https://www.embassyofcambodiadc.org/arrival-procedure.html>



**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](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 (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
(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.**