TOURIST VISA REQUIREMENTS:
SOUTHEAST ASIA on board Viking Venus
VIETNAM S/E E-Visa, INDONESIA S/E E-Visa, CAMBODIA S/E Label Visa

Total Cost: One Person - $ 326 **Total Cost: Two People - $604**

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 (HI, AK, etc), add additional $55 ☐

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 6 weeks from the date of submission. If you need your passport returned **within 30 days**: add $90 per person for rush service, **within 14 days**: add $150 per person for express 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***

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 Indonesia:** _____

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:

Viking – Vietnam E-Visa, Indonesia E-Visa, Cambodia

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

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:
APPICANT'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: _____

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**

Indonesia ETA Request Form

Traveler Details:
Full Name: (As it appears in your passport)
First Name:
Middle Name:
Last Name:
Street Address:
City:
State:
Zip Code:
Date of Birth:
Place of Birth:
Email Address:
Passport Information:
Passport Number:
Passport Issue Date:
Passport Expiration Date:
Travel Information:
Date of Departure from United States:
Date of Arrival in Indonesia:
Mode of Transportation: □ Air ☑ Sea □ Land
Address in Indonesia:
Port of Entry in Indonesia:
Port of Exit in Indonesia:
Purpose of Visit: Tourism

Applicant's 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.

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 (Pease 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
866-984-5464

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
866-984-5464

☐ **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.