

TOURIST VISA REQUIREMENTS:

VIETNAM S/E E-VISA, INDONESIA E-VOA, CAMBODIA S/E Label Visa)

Government Fees:	- \$101	Government Fees:	- \$202
Discounted GenVisa fees:	- \$237	Discounted GenVisa fees:	- \$474
Return Shipping via FedEx:	- \$ 48	Return Shipping via FedEx:	- \$ 48
Total Cost for one person:	- \$386	Total Cost for two people:	- \$724

For the **Overnight Return Delivery** upgrade please add \$15.00 per address. ☐

For FedEx delivery outside the **contiguous** U.S. please add \$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"). No cell phone pictures, please!
 - 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. If you need your passport returned **within 21 days:** add \$110 per person for expedited service, **within 10 days:** add **\$165 per person** for expedited service. If you are departing within 7 days: call GenVisa prior to sending your materials. ***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 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 Vietnam:** _____ **Date you Enter Cambodia:** _____

Date You enter Indonesia _____ **First Port of Arrival** _____

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-VOA, Cambodia S/E label visa

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



Visa Approval/Reference Number (if any):



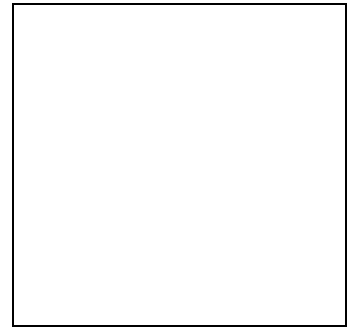
EMBASSY OF VIETNAM
1233 20th Street, NW, Suite 400
Washington, D.C. 20036

Tel: (202) 861-0737 & (202) 861-2293

Fax: (202) 861-0917

<http://www.vietnamembassy.us>

VISA
APPLICATION



1. Name (in block letters):

.....
Family name First name Middle name

2. Date of birth:...../...../.....
Date / Month / Year

3. Male: ☐ Female ☐

4. Place of birth:.....

5. Nationality at birth:.....

Nationality at present:.....

6. Passport number:.....

Date of issue:.....

Date of expiry:.....

7. Profession:.....

Place of employment:.....

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Telephone (Office):.....

8. Present mailing address: (P.O Box Not
Accepted for USPS express mail)

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* Email :.....

* Telephone :.....

9. Purpose of visit to Vietnam:

TOURISM

.....

.....

.....

10. Religion:

10. Name, address of your contact (sponsor, host,
hotel...) in Vietnam (if any)

PREPAID CRUISE WITH VIKING CRUISES

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11. Proposed date of entry:

...../...../.....

Date / Month / Year

Proposed date of exit:

...../...../.....

Date / Month / Year

12. Requesting a visa good for:

• Times of entries:

- Single (one time) visit ☐

- Multiple visits ☐

• Length of stay:

- One month ☒

- 03 months ☐

- Less than 6 Months (with an approval only) ☐

- Up to one year (with an approval only) ☐

I solemnly declare that the statements made in this application are true and correct.

Date:.....

Signature of Applicant

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

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

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 (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
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.

FOR ADDITIONAL INFORMATION, VISIT US AT
www.GenVisa.com/viking

Or call us at 1-800-845-8968 to speak with a GenVisa representative.

