

TOURIST VISA REQUIREMENTS

Chile E-Visa for Australia Passport Holders

Government Fees - One person	- \$0
Discounted GenVisa Fee - One person	- \$54
Total cost - One person	- \$54

Government Fees - Two people	- \$0
Discounted GenVisa Fee - Two people	- \$108
Total cost - Two people	- \$108

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

- A clear High Resolution COLOR copy of the data page of your passport in PDF format (pp. 2-3).
Size requirements: Minimum 10 KB, Maximum 300 KB.
 - One (1) High Resolution Passport Photo in JPEG format, 2"x 2", taken within 6 months on white background without any shadows - front view, no smiling, and no glasses. No cell phone photos.
Size requirements: Minimum 500 KB, Maximum 3 MB.
 - One completed and signed Chile Personal Information Form per person (enclosed).
 - Most recent credit card statements showing available credit amounting to more than AUS\$2000.00 OR three most recent monthly bank statements showing similar minimum ending balance. In case of couples' statements must show both names and substitute separate individual statements.
 - **Payment:** Please fill out enclosed CC Authorization Form (3 % credit card transaction fee will apply)
- Complete and return this entire form as a PDF file with the requested documents in the required format via the following email - silversea@genvisa.com**

Important: Please ensure that your materials are submitted no earlier than three months prior to your departure

Processing times and forms are subject to change without notice.

For current requirements, terms and conditions updated forms and fees please check at:

www.genvisa.com/silverseacruises

YOUR CONTACT INFORMATION

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

EXACT Physical Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Date **you need** your Chile E-Visa: _____ Date **you depart** Australia: _____

Your E-mail address (Important): _____ (please write in block letters)

Email all the required materials to:

GENERATIONS VISA SERVICE
at silversea@genvisa.com



Silversea - Chile E-visa

Chile Personal Information Form

PLEASE TYPE OR USE BLOCK LETTERS AND PRINT CLEARLY. PROVIDE COMPLETE & DETAILED ANSWERS AS THESE ARE REQUIRED. YOU MUST ANSWER EACH AND EVERY QUESTION. THERE ARE NO BLANKS. PLEASE PUT N/A IF NOT APPLICABLE.

1. Country Where You Are Applying for Your Visa:

2. Consulate of Chile Where You Will Submit Your Application: (see list of jurisdictions below)

3. Passport Number:

4. Passport Expiration Date:

5. Country Where Passport Was Issued:

6. Nationality as Shown in Passport:

7. Type of Visa:

8. Period of Stay in Chile:

9. Date of Arrival:

10. Email Address:

11. Full Name as Shown in Passport:

12. Gender:

13. Date of US Departure:

14. Country of Birth:

15. City of Birth:

16. Nationality of Origin:

17. Full Home Address:

18. City and Country of Residence:

19. Phone Number:

20. Marital Status:

21. Spouses Full Name:

22. Spouses Nationality:

23. Spouses Country of Residence:

24. Number of Children You Have:

25. Father's Full Name:

26. Father's Original Nationality:

27. Father's Country of Residence:

28. Mother's Full Name:

29. Mother's Maiden Surname:

30. Mother's Original Nationality:

31. Mother's Country of Residence:

32. Level of Education You Have Completed:

33. Profession:

34. Occupation:

35. Contact in Chile:

SILVERSEA CRUISES ADOLFO PATINO CHILEAN

PEDRO SARMIENTO DE GAMBOA #846 PUNTA ARENAS CHILE 56975212966 OPERATIONS@SWAY.CL

Local Jurisdiction List for Question #2:

Please answer Question #2 with one of these 3 Jurisdictions.

**If you reside in NSW, Queensland or
Northern Territory - Sydney**

If you reside in A.C.T - Canberra

If you reside in VIC, TAS, SA or WA - Melbourne



CREDIT CARD AUTHORIZATION FORM

Card issuer : _____

Credit Card Num: _____

Expiration Date: _____

Visa, MasterCard, Discover **Security Code**: (3 digits in the signature field on back of card): _____

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

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.**

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.

Under the laws of the state of _____, I certify the foregoing is true and correct.

Card Holder Signature: _____

Printed Name: _____

Date: _____