

TOURIST VISA REQUIREMENTS

FOR INDONESIA Single Entry E-VOA (30 days validity)

Total cost - One person - \$89

Total cost - Two people - \$178

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

Complete and return this entire form via email as a PDF file with the following required materials as attachments in the specified format to rci@genvisa.com For mail submissions please use the address below.

- **Clear High-Resolution COLOR copy of the data pages of your passport for mail submissions** (pp. 2-3) **TWO High Resolution COLOR copies** of the data pages of your passport for email submissions
Size requirements: Minimum 10 KB, Maximum 500 KB, **in JPEG and PDF format (two separate files).**
- **One (1) High-Resolution Passport Photos in JPEG format**, taken within 6 months on a white background without any shadows – 2"x 2", front view, no smiling, and no glasses. No homemade photos, please!
Size requirements for email submissions: Minimum 10 KB, Maximum 500 KB, in JPEG format.
- **Copy of itemized cruise itinerary** showing ports of call in Indonesia.
- **Payment:** a check or money order payable to **GenVisa** in US Dollars and drawn on a US bank or for credit card payment please fill out enclosed CC Authorization Form (**3 % credit card transaction fee will apply**)

Complete and return this entire form via email as a PDF file with the following required materials as attachments in the specified format. For mail submissions, use traceable delivery.

Important: Do not send your materials more than 3 months before your departure date.

Visa processing generally takes up to 2 weeks. If you need your E-Visa returned **within 7 days:** add \$45 per person for expedited service. ***Consular fees, 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/rcg

YOUR CONTACT INFORMATION

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

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

City: _____ State: _____ Zip Code: _____

Date you enter Indonesia _____ Port of arrival in Indonesia _____

Date you need your E-Visa: _____ Date you depart the U.S.: _____

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

Mail materials to:

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



CODE _____



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 twill 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: _____