

TOURIST VISA REQUIREMENTS

Sri Lanka E-Visa

Government Fees – Two People	- \$110
Discounted GenVisa Fee – Two people	- \$108
Total cost – Two people	- \$218

Government Fees - One person	- \$ 55
Discounted GenVisa Fees – One person	- \$ 54
Total cost – One person	- \$109

Complete and return this entire form via email as a PDF file with the following required materials as attachments in the specified format to silversea@genvisa.com

- **A clear High Resolution flatbed COLOR COPY of the data page of your passport in JPEG format** (pp. 2-3)
- **One (1) High Resolution Passport Photos in JPEG format**, taken within 6 months on white background without any shadows - 2"x 2", front view, no smiling, and no glasses. No homemade photos, please!

Complete and return this entire form via email as a PDF file with the required materials as attachments in the specified format.

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

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/silverseacruises

YOUR CONTACT INFORMATION

Last Name: _____ First Name: _____

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

Last Name: _____ First Name: _____

Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐

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

City: _____ State: _____ Zip Code: _____

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

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

Email all the required materials to:

GENERATIONS VISA SERVICE
at silversea@genvisa.com

Silversea – Sri Lanka E-Visa



Personal Information Form – Sri Lanka

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 <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:
Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
APPLICANT'S CONTACT INFORMATION:
Physical Street Address:
City, State, Zip code:
Phone Number:
Email Address (Important):

PASSPORT INFORMATION
Passport Number: _____
Date of Issue (MM/DD/YYYY): ____/____/____
Date of Expiry (MM/DD/YYYY): ____/____/____
TRAVEL INFORMATION
Sri Lanka Dates of Arrival and Departure: _____

Signature: _____ Date: _____



CREDIT CARD AUTHORIZATION FORM

Credit Card: _____

Account Number: _____

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

(please add 3 % credit card transaction fee to the total amount):

NONREFUNDABLE visa processing fees in the amount of \$ _____ **US Dollars.**

Please charge on the date of _____.

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. 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: _____

2233 Wisconsin Ave N.W. # 226, Washington, DC 20007, USA

Phone: (800) 845-8968 | (202) 337-7080 Fax: (202) 337-3447