TOURIST VISA REQUIREMENTS

FOR NEW ZEALAND Multiple Entry NZeTA

Government Fees - One person - $80
Discounted GenVisa Fee – One person - $54
Total cost – One person - $134

Government Fees – Two people - $160
Discounted GenVisa Fee – Two people - $108
Total cost – Two people - $268

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 ***silversea@genvisa.com***
For mail submissions please use the address below.

- ***A clear High-Resolution COLOR copy of the data page of your passport in JPEG format*** (pp. 2-3)
  Size requirements for email submissions: Minimum 50 KB, Maximum 1 MB in JPEG format.
- ***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 50 KB, Maximum 1 MB in JPEG format.
- ***One completed and signed NZeTA Personal Information form with declaration*** per person (enclosed).
- ***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 6 months before your departure date.

Visa processing generally takes up to 2 weeks. If you need your E-Visa returned **within 7 days**: add $55 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/silverseacruises***

YOUR CONTACT INFORMATION

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

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

City: _____ State: _____ Zip Code: _____

Date **you enter New Zealand** _____ **Port of arrival in New Zealand** _____

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

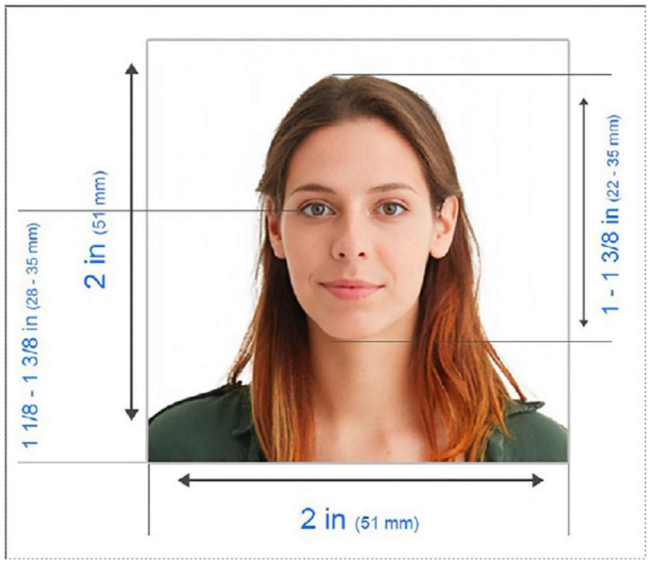
Silversea – New Zealand ETA

GENERATIONS VISA SERVICE

CODE _____

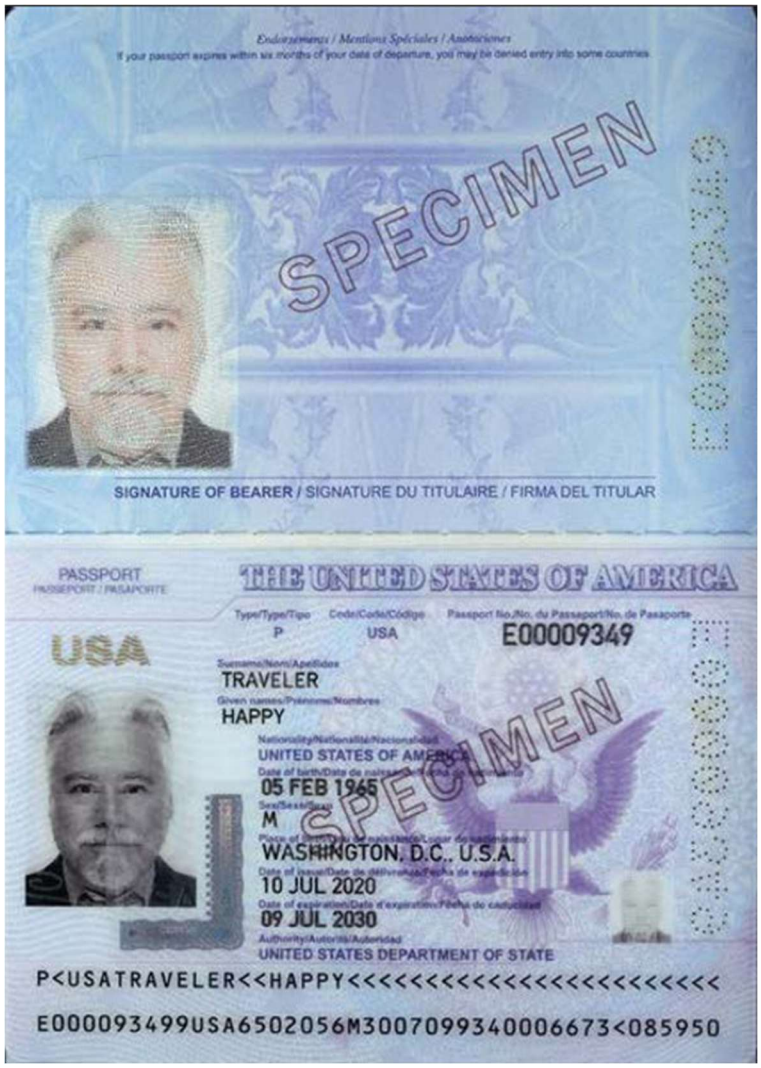
PROPER FORMAT – PASSPORT PHOTO

EXAMPLE OF APPROPIATE PASSPORT PHOTO



PROPER FORMAT – PASSPORT COPY

EXAMPLE OF APPROPIATE PASSPORT COPY



Australia ETA Submission Instructions

Dear Valued Traveler,

Due to new developments with the Australian Government ETA system, we are no longer able to assist with the Australia ETA processing.

The Australian Government system now requires all applicants to complete an ETA request with a **live** photo via the Australia ETA phone app by downloading the Australia ETA phone app via Apple Store or Google Play Store:

As a courtesy to you, below you will find helpful hints on how to submit your Australia ETA on the Australia app.

Thank you!

Australia App Steps:

1. Download App via Apple Store or Google Play Store
2. Review & Acknowledge Disclaimer
3. Create a 6-digit passcode
4. Answer "NO" to the "Are you a travel agent" question
5. Click "New ETA" to start the application process
6. Follow prompts for passport data page scan and passport chip scan to preload your personal information (make sure to review all details are correct and confirm)
7. Take live photo – use tutorial if necessary
8. Input email address for code verification (the Grant notice will be sent to the email address once submitted & approved)
9. Answer declaration, criminal conviction & domestic violence questions (please note, if you answer yes to any of these questions, you will not be approved).
10. For accommodation, select "I don't know address", then put "on board cruise ship (ship name) or hotel name without full address.
11. Review answers and confirm.
12. Make payment ($20 AUD)

New Zealand Electronic Travel Authority Declaration

To the best of my knowledge the information I have provided in this form is accurate and I have answered the questions truthfully and correctly.

I understand that it is my responsibility to ensure that the passport details provided in this form match the details on the passport I intend to use when I travel to New Zealand. I have checked these details to confirm they are correct.

I understand that I must meet all other requirements to travel to New Zealand.

I understand that INZ may provide information to other agencies in New Zealand and overseas where such disclosure is required or permitted by the Privacy Act 1993, or otherwise required or permitted by law. I understand my information may be used to improve INZ's services and administration of the Immigration Act 2009.

I authorize INZ to provide information about my eligibility to travel to New Zealand, including about my NZeTA to a carrier, including via an approved online system, to facilitate my travel.

Signature _____ Date _____

Full Name as in Passport (please print)

NZeTA Application Form

Important: Your Email address will be provided to MBIE for contact purposes. YOU WILL receive two official confirmation emails from the New Zealand Immigration, one to confirm the submission of your request and another to advise you that your NZeTA was ISSUED.

Surname/Family Name (as it appears in the passport):
First and Middle names (ALL names listed in passport):
Previous Names (list all names you have been known by):
Gender: Male ☐ Female ☐ Gender Diverse ☐
Date of Birth (MM/DD/YYYY): _____/_____/ _____
Place of Birth (city, state, country):
Current Nationality:
Nationality at Birth:
Personal Email Address (important):
Passport Number:
Date of Issue (MM/DD/YYYY): _____/_____/ _____
Date of Expiry (MM/DD/YYYY): _____/_____/ _____
Are you an Australian Permanent Resident? Yes ☐ No ☐
Are you a resident of American Samoa? Yes ☐ No ☐
National ID # (for Non-US passport holders, if applicable):

ELIGIBILITY QUESTIONS:
1. Will you be traveling to New Zealand for medical treatment? Yes ☐ No ☐
2. Have you ever been deported, removed or excluded from another country (Not New Zealand)? Yes ☐ No ☐
3. Are you currently prohibited from entering New Zealand following deportation from New Zealand in the past? Yes ☐ No ☐
4. Have you ever been convicted of any offence (in any country)? Yes ☐ No ☐
If you answered Yes to question #4, please answer the following questions: 1. Have you ever been convicted of an offence for which you were sentenced to 5 years or more imprisonment? Yes ☐ No ☐ 2. In the last 10 years, have you been convicted of an offence for which you were sentenced to a prison term of 12 months or more? Yes ☐ No ☐

SIGNATURE_____ DATE_____

Full Name as it appears in your Passport (please print)

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:

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:

☐ **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.

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: _____

2233 Wisconsin Ave N.W. # 405, Washington, DC 20007, USA
Phone: (800) 845-8968 | (202) 337-7080 Fax: (202) 337-3447