TOURIST VISA REQUIREMENTS

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

Total cost one person - $90 (GenVisa fee $54) | **Total cost two people - $180 (GenVisa fee $108)**

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.

- ***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 50 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 50 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 15 days. If you need your E-Visa returned **within 7 business 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 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

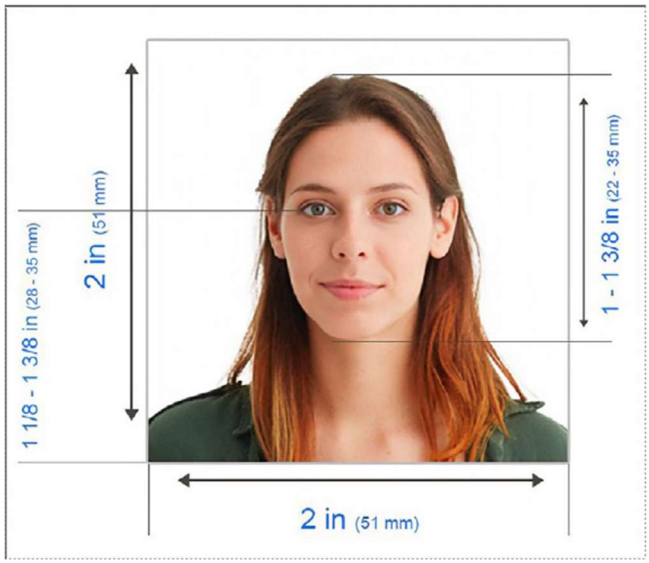
Silversea – Indonesia E-VOA

GENERATIONS VISA SERVICE

CODE _____

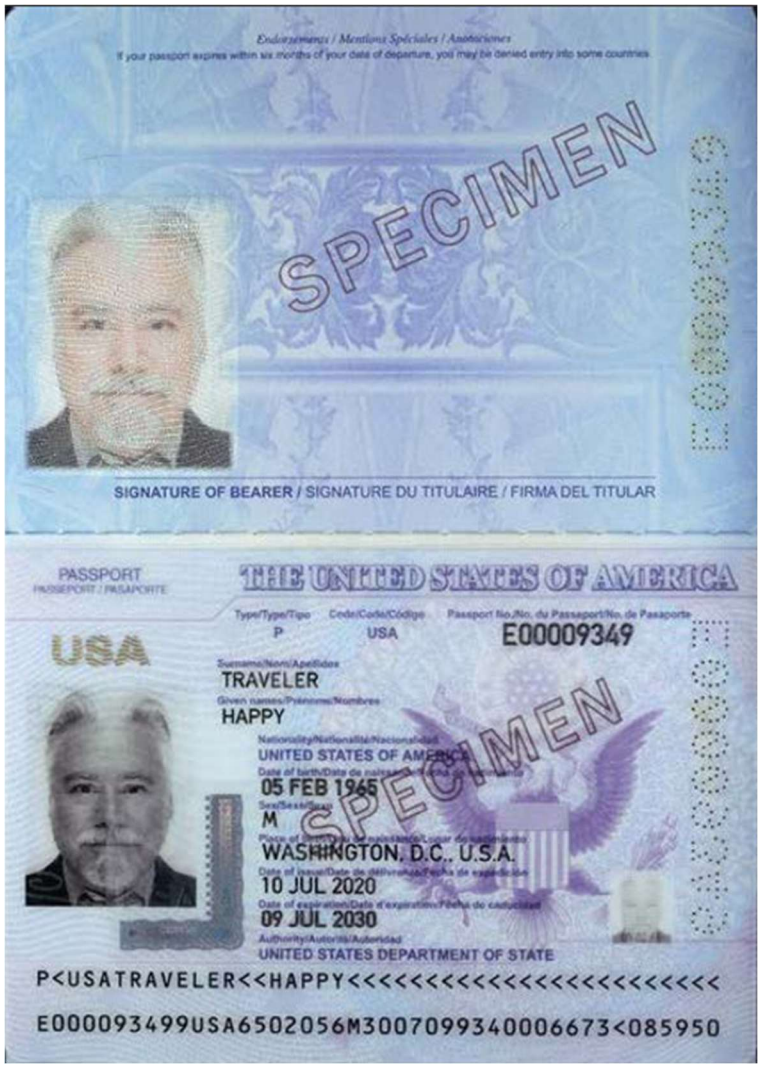
PROPER FORMAT – PASSPORT PHOTO

EXAMPLE OF APPROPIATE PASSPORT PHOTO



PROPER FORMAT – PASSPORT COPY

EXAMPLE OF APPROPIATE PASSPORT COPY



Indonesia E-VOA 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 (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: _____

5335 Wisconsin Ave N.W. # 380, Washington, DC 20015, USA
Phone: (800) 845-8968 | (202) 337-7080 Fax: (202) 337-3447