TOURIST VISA REQUIREMENTS FOR EGYPT E-VISA

Total cost - One person - \$99

Total cost - Two people - \$198

Cost includes service fees, consular fees* and return by email.

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

- <u>High resolution color copy of the data pages of your passport</u> (pages 2-3) on a single sheet of paper in the actual size. *If you need help securing, renewing, or updating your passport, please contact GenVisa at 800-845-8968.*
- ____ One (1) Clear, High Resolution Passport Photo 2"x 2", must be taken within 6 months on white background, front view, no smiling, and no glasses. No homemade photos, please!
- _____ One completed and signed application form per person per country.
- <u>Copy of itemized flight and tour itinerary</u>, including flight specific information and hotel accommodation in each person's name. **Do not send brochure-type itinerary**, **please!**
- ____ <u>Prepaid self-addressed first-class envelope</u> if you wish to receive physical copies of your receipts.
- Payment: a check or money order payable to GenVisa in US Dollars and drawn on a US bank.

Complete and return this entire form with the requested materials.

Important: Do not send your visa materials more than 90 days prior to your trip date.

Egypt E-Visa is valid for a single entry within 90 days from the date of issue.

Processing generally takes about 2 weeks. For Rush service within 10 days: add \$55 per person. If you are departing within 5 business days: add \$75 per person. These requirements are for U.S passport holders only. If you are a non-US citizen, please contact GenVisa for additional information. *Consular fees and forms are subject to change without notice. For terms and conditions, current requirements, updated forms, and fees please check at: www.genvisa.com

YOUR CONTACT INFORMATION

| Last Name: | | First Name: | | | |
|--|---|---|--------------------------------------|--|--|
| Last Name: | | First Name: | | | |
| Physical address: | | Apt/Ste#: | Phone: | | |
| City: | State: | Zip Code: | | | |
| Date you need your E-Visa: Your E-mail address (Important): | | | | | |
| Date YOU Depart the U.S.: | | Date YOU ENTER Egypt: | | | |
| Optional LIFETIME Passport Repassport is lost or damaged, GenVisasee the Passport Insurance page for damaged. Yes, I have added an additional No, I decline the Lifetime Exped | a will arrange letails (includ 629.99 per per | for expedited passport replaced in the visa kit) and chooserson for the Lifetime Expedi | acement in the United States. Please | | |

Mail materials to:

GVS – Egypt E-Visa

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



Embassy of the Arab Republic of Egypt سفارة جمهورية مصر العربية



Visa Application Form استمارة طلب التأشيرة

| PERSONAL INFORMATION | | | | | | | | |
|---|---|--------------|-------------------|---|--------------------|------------|--------------------------|--|
| Name: First/Middle/Last (As in Passport) | | | | | | | PHOTO Colored Photo with | |
| Date & Place of Birth | | | | | | | White Background | |
| Gender: | □ F | | Marital Stat | cus: | | | Size: 2"x 2" | |
| Current Nationality | USA | | <u> </u> | | | | | |
| Nationality at Birth | USA | | | | | | | |
| PASSPORT DETAILS | | | | | | | | |
| Passport Type & No. | P | P | | Place of I | Place of Issue | | S. DEPT OF STATE | |
| Date of Issue | | | | Date of E | xpir | у | | |
| CONTACT INFORMATION | | | | | | | | |
| Present Address: | Street | | | | | | | |
| | City | | | Sta | | | code | |
| Phone Number: | | | | Email Ad | dre | SS: | | |
| OCCUPATION INFORMATION | | | | | | | | |
| Job Title / Occupation | | | | | | | | |
| Company / Organization Name: | | | | | | | | |
| Address & Phone No. | | | | | | | | |
| <u>DETAILS OF VISA</u> | | | | | | | | |
| Visa Type Requested (Select One) | □ Tourist | | □ Entry/ Business | | <u> </u> | Diplomatic | □ Official | |
| Number of Entries | □ Single Entry | Single Entry | | | □ Multiple Entries | | | |
| DETAILS OF VISIT | | | | | | | | |
| Port of Entry: CAIR | .0 | Date | e of Arrival: | | Date of Departu | | e: | |
| Address in Egypt: | | | | | | | | |
| 5.7 | | | Addresses of | resses of Relatives or Friends in Egypt | | | | |
| 1- N/A | | N/2 | | | | | | |
| 2- N/A N/A | | | | | | | | |
| DETAILS OF PREVIOUS VISITS Data(s) of Any Provious Visits Durness of Visit(s) Address in Fayert During Provious Stay | | | | | | | | |
| to Egypt | Date(s) of Any Previous Visits to Egypt Purpose of Visit(s) | | | Address in Egypt During Previous Stay | | | | |
| 1- N/A | | N/A | | | N/A | | | |
| 2- N/A N/A N/A | | | | | | | | |
| Other Information N/A Signature Date | | | | | | | | |
| Signature | | | | | | | | |



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:



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:

Traveler #1's full name (LAST, First, Middle):

- 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 #2's full name (LAST, First, Middle):

| Date of Birth (MM/DD/YYYY): / / | Date of Birth (MM/DD/YYYY): / / | | | | |
|---|--|--|--|--|--|
| Gender: Male Female | Gender: Male Female | | | | |
| Passport Number: P | Passport Number: P | | | | |
| Email Address*: | Email Address*: | | | | |
| Phone Number: | Phone Number: | | | | |
| *Email addresses will not be used for solicitation purposes | | | | | |
| <u>Travel In</u> | <u>nformation</u> | | | | |
| Country #1: Egypt | Country #2 (if applicable): | | | | |
| Approx. Date of Entry (MM/DD/YYYY): / / | Approx. Date of Entry (MM/DD/YYYY): / / | | | | |
| Approx. Date of Exit (MM/DD/YYYY): / / | Approx. Date of Exit (MM/DD/YYYY): / / | | | | |
| Name and Address of the first hotel: | Name and Address of the first hotel: | | | | |
| Name of the Tour Operator: | Name of the Tour Operator: | | | | |
| Contact in Country, if known (phone or email): | Contact in Country, if known (phone or email): | | | | |
| | | | | | |
| Yes, please enroll me in Smart Traveler Program. I ha | ave added an additional \$15.00 per person for this service. yment for visa processing. | | | | |

<u>PLEASE NOTE</u>: 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 required on your part.