

TOURIST VISA REQUIREMENTS

Seychelles ETA

Government Fees: - \$ 13
Discounted GenVisa fee: - \$ 59
Total Cost for one person: - \$ 72

Government Fees: - \$ 26
Discounted GenVisa fees: - \$118
Total Cost for two people: - \$144

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 info@genvisa.com or by mail to the address listed below.

- A High-Resolution COLOR copy of the data page of your passport in JPEG format (please follow the guidelines)
- One (1) High-Resolution Passport Photo in JPEG format, taken within 6 months on a white background without any shadows, frontal view, no smiling, and no glasses. **No homemade photos on the cell phone, please!**
- **Seychelles Personal Information Form** for each applicant.
- **Itemized flight itinerary**, showing **confirmed flight details** for arrival and departure in each traveler's name.
- **Itemized cruise itinerary**, showing travel dates, and ports of call in each traveler's name. For post extensions in Seychelles, please include hotel accommodation information.
- **Payment:** a check or money order payable to GenVisa in US Dollars and drawn on a US bank. For credit card payments please use the CC authorization form, included in the visa kit.

Complete and return this entire form via email as a PDF file with the required materials as attachments in the specified format or by mail to the address listed below.

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

Processing takes up to 2 weeks. If you need your ETA **within 7 business days** (subject to approval): **add \$45 per person for expedited service.** ***Government fees are subject to change without notice.** For terms and conditions, current requirements, processing times, updated forms and fees please check online at: www.genvisa.com

YOUR CONTACT INFORMATION

Last Name: _____ First Name: _____

Current Occupation: _____

Last Name: _____ First Name: _____

Current Occupation: _____

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

City: _____ State: _____ Zip Code: _____

Date you need your Seychelles ETA: _____ Date you depart the U.S.: _____

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

Emergency Contact Information Full name and Phone) _____

Send materials to:

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



Personal Information Form – Seychelles

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):

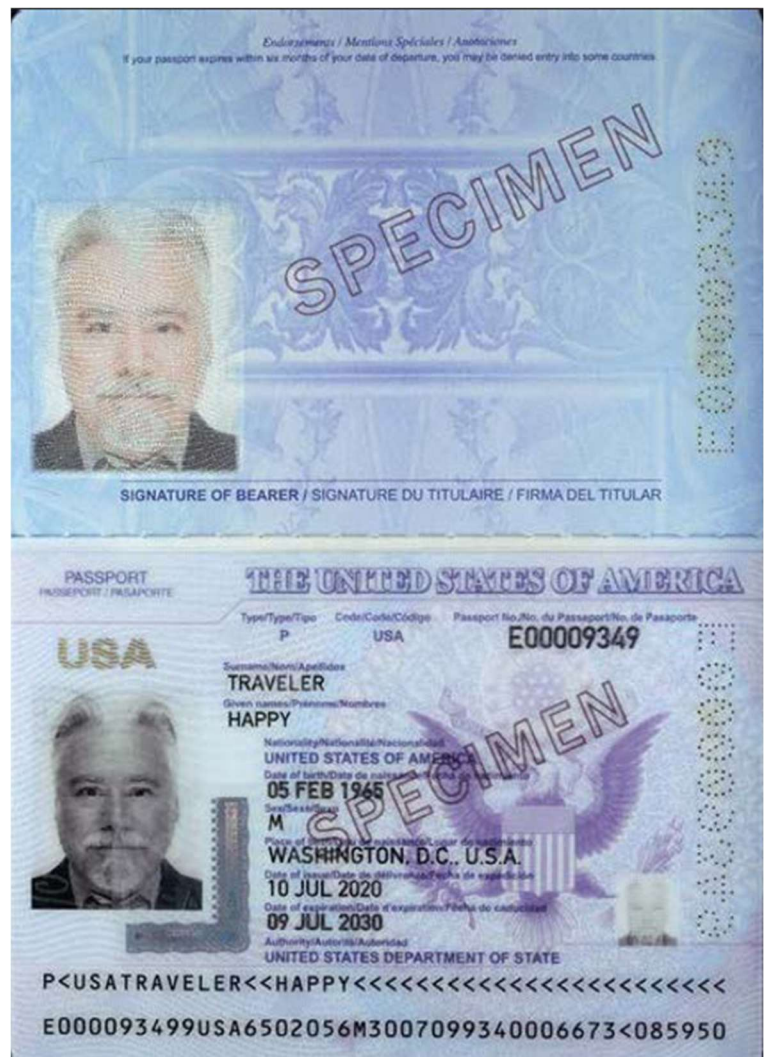
PASSPORT INFORMATION
Passport Number: _____
Date of Issue (MM/DD/YYYY): ____/____/____
Date of Expiry (MM/DD/YYYY): ____/____/____
TRAVEL INFORMATION
Seychelles Dates of Arrival and Departure: _____

Signature: _____ Date: _____

EXAMPLE OF APPROPRIATE PASSPORT PHOTO



EXAMPLE OF APPROPRIATE PASSPORT COPY





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 (Please fill out legibly in block letters)

Traveler #1's full name (LAST, First, Middle):
Date of Birth (MM/DD/YYYY):
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Passport Number: P _____
Email Address*:
Phone Number:

Traveler #2's full name (LAST, First, Middle):
Date of Birth (MM/DD/YYYY):
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
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:
Phone number:

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:
Phone Number:

☐ **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: _____