

TOURIST VISA REQUIREMENTS

UNITED KINGDOM ETA

Government Fees - One person	- \$ 22
Discounted GenVisa Fee - One person	- \$ 59
Total cost - One person	- \$ 81

Government Fees - Two people	- \$ 44
Discounted GenVisa Fee - Two people	- \$118
Total cost - Two people	- \$162

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

For mail submissions please use the address below.

— A clear High-Resolution COLOR copy of the data page of your passport – please follow the instructions.

— One (1) High-Resolution Passport Photo in JPEG format, taken within 6 months on a white background without any shadows – 2"x 2", front view, no smiling, and no glasses. Please follow the photo guidelines. **For your convenience, GenVisa developed a passport photo processing app which can be found here: <https://photo.genvisa.com>.**

If you find this widget useful and can generate a photo, include \$9 per image to cover developing costs

— UK ETA Personal Information Form for each applicant.

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

Important: Do not send your materials more than 6 months before you arrive in the United Kingdom.

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

YOUR CONTACT INFORMATION

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

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

City: _____ State: _____ Zip Code: _____

Date you need your ETA: _____ Date you enter United Kingdom: _____

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

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 see the Passport Insurance page for details (including in the visa kit) and choose one of the boxes below.

Yes, I have added an additional \$29.99 per person for the Lifetime Expedited Passport Replacement insurance.

No, I decline the Lifetime Expedited Passport Replacement insurance.

Mail materials to:

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

United Kingdom ETA



Personal Information Form – UK ETA

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 application

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): ____/____/____	
Applicants' Place of Birth (city, state, country):	
Applicant's Nationality at Birth:	
Previous/ Current Nationalities:	
APPICANT'S CONTACT INFORMATION:	
Physical Street Address:	
City, State, Zip code:	
Phone Number:	
Email Address (Important):	
OCCUPATION (MANDATORY)	
Job Title:	
Job Details:	
Have You Ever Had a Criminal Conviction: Yes No If Yes, please provide details below:	

Have you ever been involved in, or suspected of, any of the following? If Yes, please provide details below:

war crimes, genocide or crimes against humanity

terrorism including support for, or membership of, terrorist groups

supporting extremist groups or

expressing extremist views

Signature: _____ Date: _____

UK ETA Photo requirements

You must have a plain light background, no objects or people behind you



You must have your head, shoulders and upper body visible, even lighting, no shadows or glare on your face or behind you



Even lighting and no shadows **Shadow behind head**

You must not have anything covering your (unless it is for religious or medical reasons)



Religious headwear

Fashion hair accessories

Make sure you remove your glasses if there is any glare, or they are tinted.



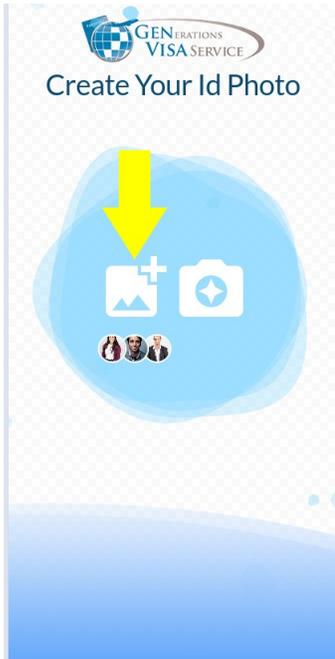
Eyes fully visible

Glasses covering eyes

Passport photo processor

You can find our passport photo processing application here: <https://photo.genvisa.com>, for best results you should access this application from a mobile device with a high-quality front facing camera. **IF YOU FIND THIS WIDGET USEFUL TO MAKE PHOTOS IN THE COMFORT OF YOUR HOME, PLEASE INCLUDE \$7 PER IMAGE IN THE TOTAL AMOUNT PAYABLE TO GENVISA.**

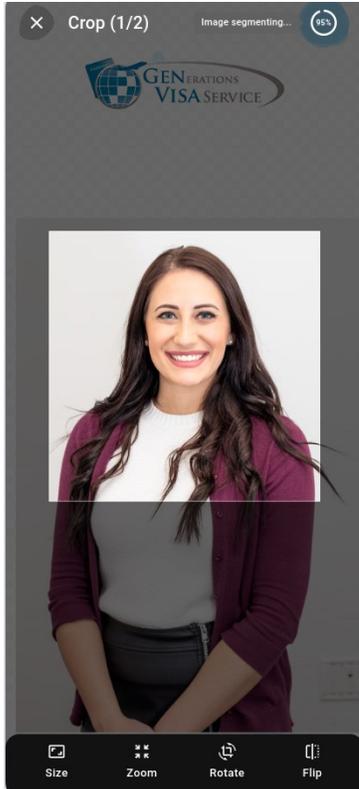
The first step is to upload a photo of yourself by clicking on the icon shown in the graphic below:



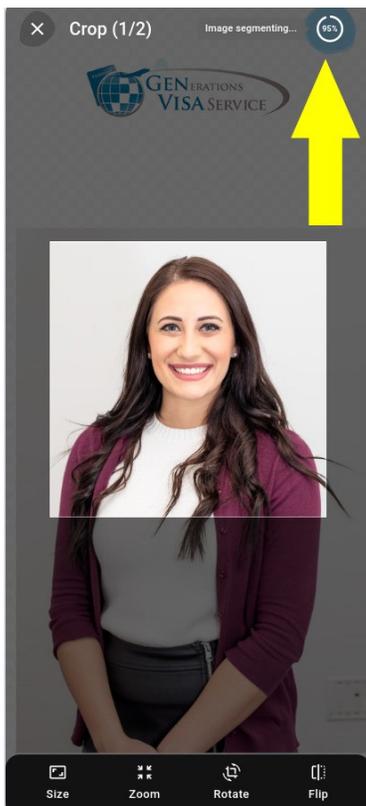
You can also take a photo of yourself if you don't already have one by clicking on the icon of the camera:



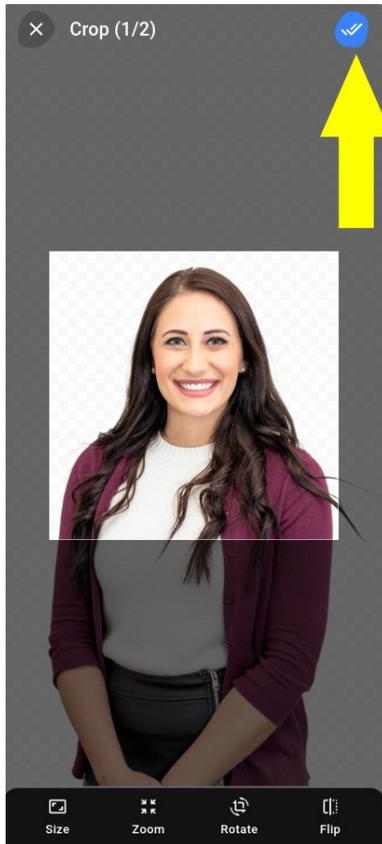
Once you have the photo loaded in the application you will need to center your face inside of the outlined guide area:



Wait until the photo has finished processing, this will automatically remove the background and check for things such as glasses which should not be worn in the photo:



When the photo is done processing you will see a blue check mark in the upper right hand corner of the screen, you will need to click or tap this icon to continue to the next step:



The next step has controls that will allow you to adjust the brightness and other aspects of the photo:



Once you have finished the final retouching of the photo, you can click on the blue icon with the floppy disk in the upper right hand corner of the screen to download your photo:



Scanning your passport or other documents

If you need to scan your passport or other documents we recommend using a scanner app, such as CamScanner. You can install this app from your Android or iOS phone using the following links:

[Get CamScanner for Android](#)

[Get CamScanner for iOS](#)



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:
Contact in Country, if known (phone or email):

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:
Contact in Country, if known (phone or email):

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 required 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