

TOURIST VISA REQUIREMENTS

FOR KENYA ETA (Single Entry)

Total Cost: \$167 One Person

Total Cost: \$334 Two People

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

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

- High resolution color copy of the data pages of your passport (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.
- Copy of itemized flight and tour itinerary, including flight specific information and hotel accommodation in each person's name. **Do not send brochure-type, day-by-day itinerary**
- Prepaid self-addressed first-class envelope 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.

Kenya ETA is valid for a single entry within 90 days from the date of issue.

Visa processing generally takes up to 2 weeks. If you need your ETA returned **within 7 days**: add \$75 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

YOUR CONTACT INFORMATION

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Return to: ☐ Home or ☐ Business (recommended for security reasons) Name & c/o: _____

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

City: _____ State: _____ Zip Code: _____

Date you need your ETA: _____ Your E-mail address (Important): _____

Date THIS TOUR Departs the U.S.: _____ Date YOU ENTER Kenya: _____

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 (included 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
1-800-845-8968



DOCUMENTS REQUIRED:

1. Perfect legible copy of Data Pages of Passport in actual size (professional copy only!) along with a copy of the passport cover page.
2. Professional passport photograph meeting the following requirements:
 - a. Photo should present full face, front view, eyes open. Do not wear glasses!
 - b. Background should be plain white background.
 - c. No shadows on the face or on the background.
3. GenVisa Order Form (enclosed) with pertinent contact and payment information.

Please simply answer **legibly** and completely ALL the questions below in pen and return to GenVisa with the rest of the required information listed on Tourist Visa Requirements for Kenya form.

Please Note: The online visa application form is a government run website; therefore GenVisa is unable to offer technical support to applicants completing their own applications. Applicants, who chose to complete online application themselves, should take great care to fill in the information correctly. Any mistakes will delay processing and/or require the process to be repeated.

QUESTIONS		ANSWERS
APPLICANTS INFORMATION		
1.	Surname, as in passport	
2.	Given Names (first, middle)	
3.	Other names used (maiden, etc.)	
4.	Place of Birth (TOWN, State, Country)	
5.	Driver's License Number	
6.	Religion	
7.	Visible Identification Marks (moles, scars, tattoos on your face or arms)	
8.	Education (List your highest education)	
9.	Marital Status	☐ Single ☐ Married ☐ Divorced ☐ Widowed
10.	Spouse's Full Name as in passport	
11.	Spouse's Nationality	
12.	Spouse's Previous Nationality	
13.	Spouse's Place of Birth (TOWN, State, Country)	

PASSPORT DETAILS

14.	Passport number	
15.	Place of Issue	
16.	Date of issue (dd/mm/yyyy)	

17.	Date of expiry (dd/mm/yyyy)	
18.	Current Nationality	

APPLICANT'S ADDRESS DETAILS

19.	House Number and Street (NO PO BOX)	
20.	City and State	
21.	Zip Code	
22.	Phone Number	
23.	Email Address (please print)	

FAMILY DETAILS

24.	Father's Full Name	
25.	Father's Nationality	
26.	Father's Place of Birth (TOWN, State, Country)	
27.	Mother's Full Name	
28.	Mother's maiden name, if known	
29.	Mother's Nationality	
30.	Mother's Place of Birth (TOWN, State, Country)	
31.	Next of Kin full name and telephone number	

PROFESSION/OCCUPATION DETAILS OF APPLICANT

32.	Present Occupation	
33.	Employer/Business Name	
34.	Designation/Position	
35.	Employer's Full Address	_____ _____
36.	Employer's Phone Number	
37.	Past Occupation	
38.	Military Service (if yes, please list organization, designation, rank and station)	_____ _____ _____

VISIT DETAILS

39.	Type of Visa	TOURIST
40.	Places to be visited	_____

41.	Number Of Entries	Single Entry
42.	Visa Validity	90 days
43.	Date of arrival (dd/mm/yyyy)	
44.	Port of Arrival (specify by air or sea)	
45.	Port of Exit	

PREVIOUS VISA DETAILS

46.	Have you ever visited Kenya? If Yes, Please list details why and when?	
47.	Countries visited in past 10 years (list just Names of the countries you have visited In last 10 years)	
48	Reference Name in Kenya (Name and Address of first hotel)	
49	Reference Name in United States (Name, Complete physical address and phone Number)	

Signature: _____

Date: _____

Additional Information: _____



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 ☐ 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: Uzbekistan
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 \$19.00 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 back of card - **MANDATORY**): _____

Amex **Security Code:** (four-digit code on front of card, right side - **MANDATORY**): _____

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 will be added to the total amount):

NONREFUNDABLE visa processing fees in the amount of \$_____ **US Dollars.**

Disputed credit card transactions will incur a service fee of \$250.

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.

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