TOURIST VISA REQUIREMENTS

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

Government Fees:	$36	Government Fees:	$72
Discounted GenVisa fees:	$69	Discounted GenVisa fees:	$138
Total Cost for one person:	**$105**	**Total Cost for two people:**	**$210**

Cost includes service fees and government fees*. Visas will be emailed to you upon approval. You will need to print and present the visa when you travel.

Complete and return this entire form via email as a PDF file with the following required materials as attachments in the specified format to ***celebrity@genvisa.com***
For mail-submissions, please use the shipping address below.

- ***A Clear High-Resolution COLOR copy of the data page of your passport*** (pp. 2-3), made using a copy machine or scanner. Please make sure your passport has at least six months validity remaining beyond your travel date. **No cell phone photos! Size requirements for email submissions: Minimum 100 KB, Maximum 500 KB, in JPEG and PDF format (two separate files).**
- ***One (1) High-Resolution Professional Passport Photo,*** taken within the last 3 months on a white background without any shadows – 2"x 2", front view, no smiling, and *no glasses*. **No cell phone photos, please! Size requirements for email submissions: Minimum 100 KB, Maximum 500 KB, in JPEG format.**
- ***Indonesia EVOA Request Form***, per person.
- ***Copy of itemized cruise itinerary (booking confirmation)*** showing travel dates and ports of call in Indonesia.
- ***Payment:*** a check or money order payable to "**GVS"** in US Dollars and drawn on a US bank. 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 2 weeks. If you need your E-Visa returned **within 7 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/celebrity***

YOUR CONTACT INFORMATION

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

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

City: _____ State: _____ Zip Code: _____

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

Date **you depart** the U.S: _____ Date **you enter Indonesia:** _____ **Port of arrival in Indonesia:** _____

Mail materials to:

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

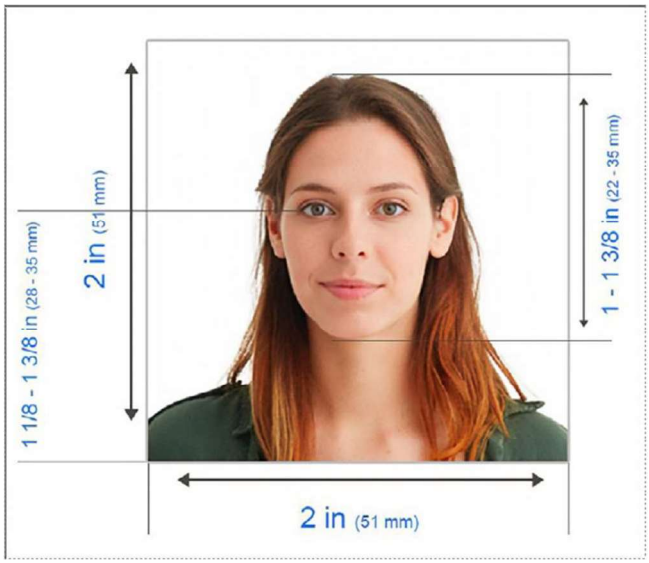
Celebrity – Indonesia E-VOA

GENERATIONS VISA SERVICE

CODE _____

PROPER FORMAT – PASSPORT PHOTO

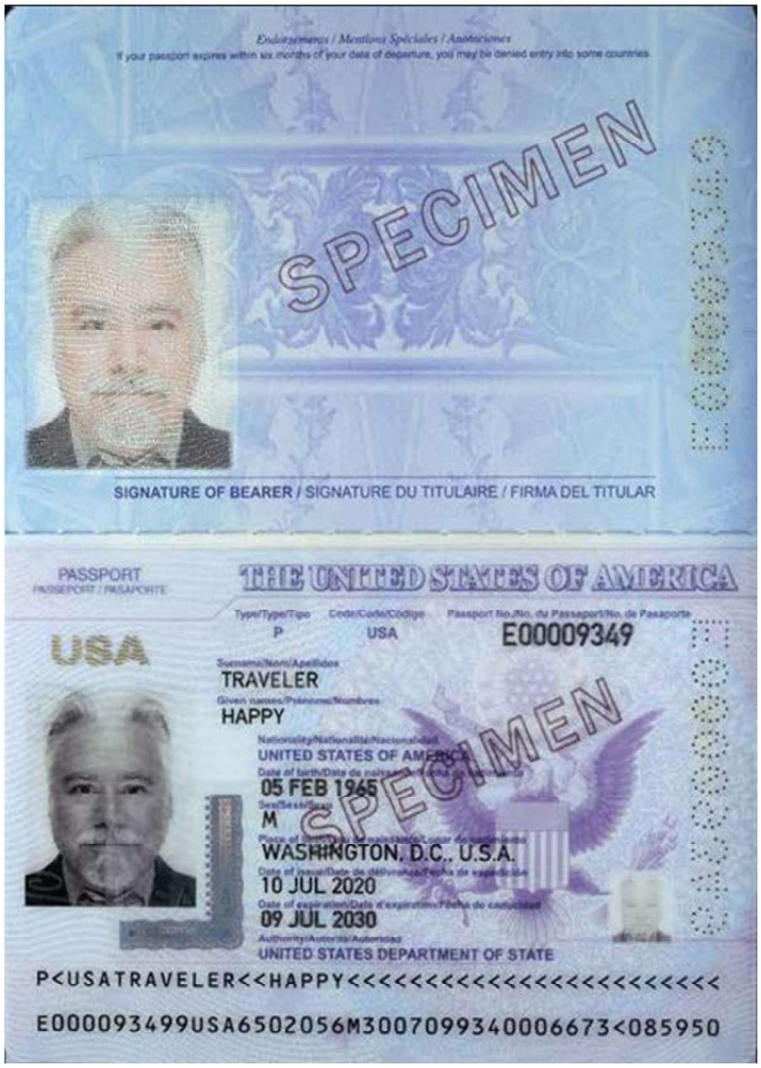
EXAMPLE OF APPROPIATE PASSPORT PHOTO



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.

☐ **Yes**, I have added an additional $29.99 per person for the Lifetime Passport Replacement insurance. **Please add insurance fees to the total payment.**

Name and Signature: _____ Date: _____

Name and Signature: _____ Date: _____

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