TOURIST VISA REQUIREMENTS

Vietnam Single Entry E-Visa (30-day validity)

Government Fees:	$30	Government Fees:	$60
Discounted GenVisa fees:	$69	Discounted GenVisa fees:	$138
Total Cost for one person:	**$99**	**Total Cost for two people:**	**$198**

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-in submissions, please use the shipping address below.

- ***A clear High-Resolution COLOR copy of the data page of your passport*** (pg. 2-3) made using a copy machine or scanner. Please make sure that your passport has at least six months remaining validity beyond the travel dates. **No cell phone photos, please!**
  Size requirements for email submissions: Minimum 200 KB, Maximum 2 MB, in JPEG format.
- ***One (1) High-Resolution Professional Passport Photo***, 2"x 2", taken within the last 3 months on white background without any shadows – front view, no smiling, and no glasses. **No homemade cell phone photos, please!**
  Size requirements for email submissions: Minimum 200 KB, Maximum 2 MB, in JPEG format.
- ***Copy of itemized cruise itinerary (booking confirmation)*** showing exact ports of call in Vietnam.
- ***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).***

Return this entire form with the requested materials. For mail-in submissions, use traceable delivery.
Important: Do not send your passport/materials more than **4 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. **These requirements are for the US, Canada, and Australia citizens. UK, German, Denmark, Finland, French, Italian, Japanese, Norway, South Korean, Spanish, Sweden passport holders do not require visas for a stay up to 45 days.** 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:** _____

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 of first arrival in Vietnam:** _____

Mail materials to:

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

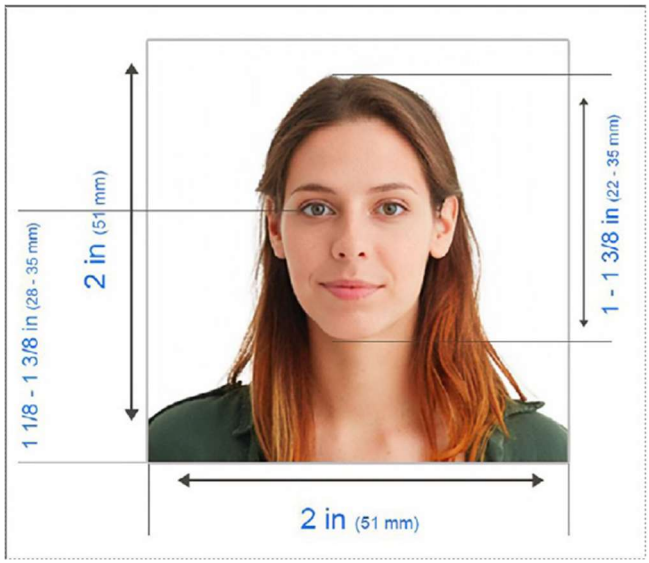
Celebrity – Vietnam E-Visa

GENERATIONS VISA SERVICE

CODE _____

PROPER FORMAT – PASSPORT PHOTO

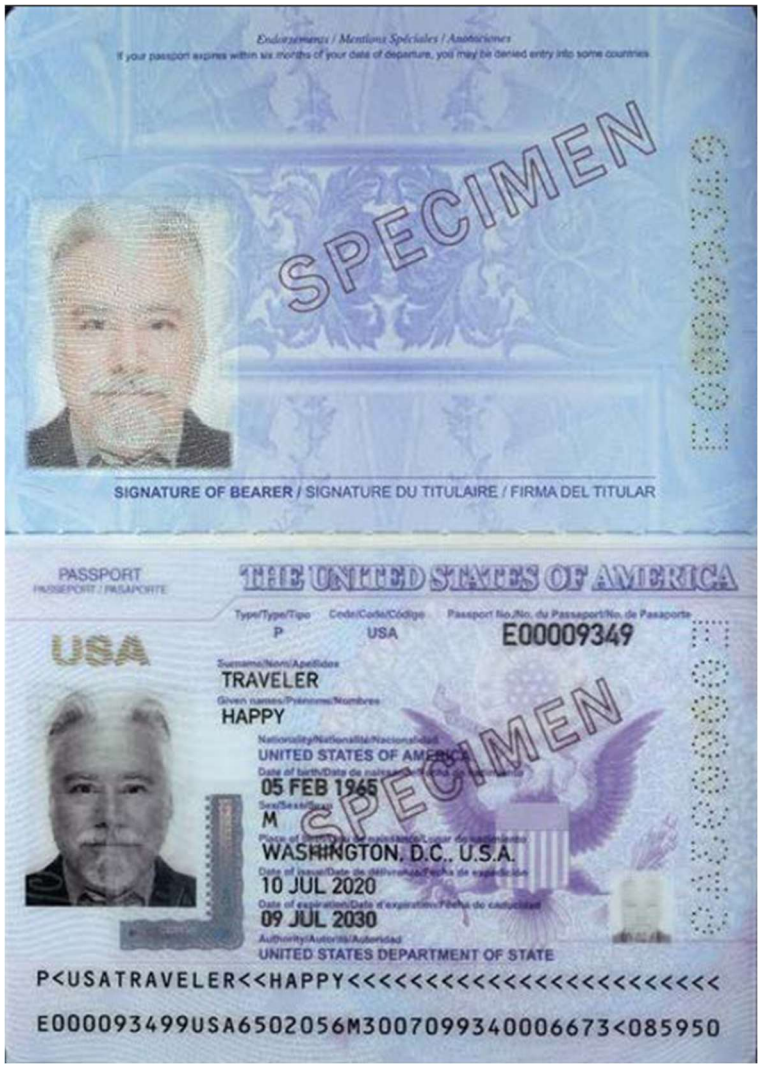
EXAMPLE OF APPROPIATE PASSPORT PHOTO



PROPER FORMAT – PASSPORT COPY

EXAMPLE OF APPROPIATE PASSPORT COPY





Personal Information Form – Vietnam E-Visa

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 ☐ Female ☐
Applicant's Date of Birth (MM/DD/YYYY): _____/_____/ _____
Applicant's Place of Birth (city, state, country):
Applicant's Nationality at Birth:
Religion:
APPICANT'S CONTACT INFORMATION:
Physical Street Address:
City, State, Zip code:
Phone Number:
Email Address (Important):

EMERGENCY CONTACT INFORMATION:
Full Name:
Relationship with the applicant:
Physical Street Address:
City, State, Zip code:
Phone Number:

TRAVEL INFORMATION
Date of Arrival in Vietnam:
Date of Departure from Vietnam:

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: _____

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 (Pease 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:
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: Celebrity Cruises
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: Celebrity Cruises
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 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