

TOURIST VISA REQUIREMENTS FOR EAST AFRICA VISA E-VISA (Kenya, Rwanda and Uganda)

Total cost - One person - \$179

Total cost - Two people - \$358

East Africa Tourist Visa is valid for multiple entries into the territories of Kenya, Rwanda, and Uganda for a stay of up to 90 days. Please fill out the application for the country you enter first!

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

- ___ A **color copy** of the data pages of your passport (pp 2-3) AND a **copy of the front cover page!** Please make sure that your passport has six months of validity beyond the travel date. For help with passport processing, call GenVisa at 800-845-8968.
 - ___ Two **(2)** recent professional **photos** per person (approx. 2" x 2"). **Do not attach to the application!**
 - ___ One **(1)** completed and signed visa application form per person. Please fill out the application of the country you are entering first.
 - ___ Copy of travel **itinerary from the tour operator (invoice)**, showing both flights and hotel accommodation in each traveler's name.
 - ___ Prepaid self-addressed first-class mail 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 – use a traceable form of delivery.
Important: Do not send your passport/materials more than 3 months prior to your program departure date.

Visa processing generally takes 3-4 weeks. If you need your passport returned **within 21 days:** add \$45 per person for expedited service, **within 14 days:** add \$75 per person for expedited service. *Consular fees 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: _____

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

City: _____ State: _____ Zip Code: _____

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

Date **THIS TOUR** Departs the U.S.: _____ Date You Enter Kenya _____

Send materials to:
GENERATIONS VISA SERVICE
2233 WISCONSIN AVE N.W. #405
WASHINGTON D.C. 20007-4151
1-800-845-8968

GVS – East Africa Visa E-Visa





EMBASSY OF THE REPUBLIC OF KENYA
2249 R STREET, N.W.
WASHINGTON, D.C. 20008
Tel: (202) 387-6101
Fax: (202) 462-3829

FORM 22 (REVISED 2012)

APPLICATION FORM FOR A VISA

(To be completed in Block Letters)

1. Visa required (specify)

2. (a) Surname/Family Name
- (b) Other Names in Full
- (c) Sex
- (d) Full Names of Parent(s)/spouse(s)

3. (a) Date of Birth
- (b) Country and Place of Birth
- (c) Profession/occupation

4. (a) Nationality at Birth
- (b) Present Nationality, if different
- (c) Country of Residence
- (d) Contact Address in the Country of Residence (Physical address)
-
- Telephone.....
- E-mail

5. Passport/Travel Document held:
 - (a) No.
 - (b) Place of Issue
 - (c) Date of Issue
 - (d) Expiry date
 - (e) Issued by

6. (a) Specify reasons for Entry
-
- (b) Proposed Date of Entry
- (c) Duration of stay

7. Full names and addresses of Hotels/Places/Firms/Friends or Relatives to be visited in Kenya (Physical address)

Telephone/Cell no.

E-mail

8. Dates and Duration of previous visits to Kenya
.....

9. Will you be returning to your Country of Residence/Domicile?

10. Have you been previously denied entry into Kenya? If yes state when and reasons given.
.....
.....
.....

11. Have you ever been convicted of any offence under any system of law? If yes give offence and penalty?.

.....
.....
.....
.....

I, (insert name)

understand that if any of the particulars furnished above are found to be incorrect or if any relevant information is found to be withheld or suppressed, the visa is liable to be cancelled.

(Signature of applicant).....Date.....

NOTE:

(a) Incomplete applications will be rejected (Fill by Hand from No. 10)

(b) The possession of a visa is not the final authority to enter the Republic of Kenya

(c) Engaging in any form of business or employment without a requisite permit or pass is an offence.

FOR OFFICIAL USE



Attach
Photo
Here

EMBASSY OF RWANDA
1875 Connecticut Avenue, NW Suite 418
Washington, D.C., 20009
Tel: (202) 232-2882/3/4
Fax: (202) 232 - 4544

Visa Application Form

1. Visa applied for: Transit: Business: Tourism Other:

2. Date of entrance No of entries:..... Length of stay.....

3. Surname:..... Forenames:.....

4. Date and place of birth:.....

5. Nationality at birth:.....

6. Marital Status: Single: Married: Divorced:

7. Name of spouse.....Nationality.....

8. Date and place of birth of spouse:.....

9. Applicant permanent address:.....

10. Occupation:.....

11. Employer and address:.....

12. Telephone: Office:..... Home:..... E-mail:.....

13. Passport number:.....

14. Name of the institution that issued the passport:.....

15. Date of issue:..... Date of expiry:.....

16. Mother's maiden name:.....

17. Date of your last visit to Rwanda:.....

18. Reason for your present journey:.....

19. Address, telephone/fax contact during your stay in Rwanda:.....

20. Name of children accompanying D.O.B Gender

.....
.....

I hereby confirm that all information provided is the best of my knowledge.

Signature:..... Date:.....

Please do not write below this line (Official use only)

Visa no:..... Valid form:..... To:..... No of entries.....

Date of issue:..... Receipt no:..... Signature:.....



**THE REPUBLIC OF UGANDA
VISA APPLICATION**

SERIAL NO : (Please do not write in this space, for official use only)

1. Last Name (Family Name):

2. Other Given Names:

3. Former Name(s) if applicable:.....

4. Permanent Address:

a. Telephone No (s): Home: ()Work: ()

Cell phone (optional): ().....

b. E-mail address:

5a. Nationality:..... 5b. Current Occupation:.....

6. Date and Place of Birth/...../.....
Day Month Year Place of Birth

7. Marital Status: (check/tick one): Married Single Divorced

8. Other family members accompanying applicant:

(N.B. Each traveling family member must have a separate application filled out for them)

Name	Date of Birth	Passport number
Spouse.....		
Child.....		
Child.....		
Child.....		

9. Passport No:..... Date of Issue...../...../..... Expiry date...../...../.....
Day Month Year Day Month Year

Type of Passport (check/tick one) Diplomatic Official Ordinary

10. Type of Visa required (check/tick one)

Transit Single Entry Multiple Entry (Six Months) Multiple Entry (12 Months)

11. Category of Visa (check/tick one)

Tourist Holiday visit Business Student Govt. Business

12. Proposed Date of Arrival in Uganda:/...../.....
Day Month Year

Planned duration of Stay in Uganda:

13. Reason for the Journey:

14. Date(s) of any Previous Visit(s) to Uganda:

15. Any contact person in Uganda:

a. Name:
First Last/Family Name

b. Phone: c. email:.....

16. Full address where you intend to stay while in Uganda:
.....

17. If in Transit: N/A

a. Indicate your ultimate destination:

b. Have you obtained a visa for country of destination?

Applicant's Signature: Date:/...../.....
Day Month Year

Submit Application to:
The Consular Officer
Embassy of the Republic of Uganda
5911 16th Street NW
Washington DC 20011



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:

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 \$15.00 per person for this service. Please include STEP enrollment fees in the total payment for visa processing.

C

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.