TOURIST VISA REQUIREMENTS FOR UGANDA (E-Visa)

Consular fee: \$ 50 p/person GenVisa service fee: \$ 79 p/person Total Cost: <u>\$129</u> One Person Consular fee:\$ 50 p/personGenVisa service fee:\$ 79 p/personTotal Cost:\$258Two People

For East Africa Tourist Visa, valid for 90 days from the date of first entry <u>and good</u> for multiple entries into Uganda, Kenya, and Rwanda please add \$55.00 to the above costs

If you wish to apply for this visa you must apply with the country that you are entering first.

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

- Color copy of the passport data page (regular size) in high resolution. If your passport has less than 6 months validity beyond the travel date, call GenVisa at 1-800-845-8968 for help with passport processing.
- ___ One (1) recent passport photo per person (approx. 2" x 2") no home photos / no photocopies.
- **One** Personal Information form per person (attached).
- ___ Copy of International **Certificate of Vaccination for Yellow Fever**.
- ___ Copy of round-trip airline tickets.
- ___ Copy of travel **itinerary**, or letter of confirmation from travel agent.
- ___ 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.

Important: Do not send your passport/materials more than 3 months prior to your Uganda trip date.

Visa processing generally takes 3-4 weeks. If you need your passport returned within 15 days: add \$45 per person for expedited service, within 7 days: add \$75 per person for expedited service. *Consular fees, processing times and forms are subject to change without notice. For terms and conditions, current requirements, processing times, updated forms and fees please check online at: <u>www.genvisa.com</u>

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:		Ant/Ste#•	Phone			
EAACT audress.		Apusten	1 none			
City:	State:	Zip Code:				
Date you need your passport:	Your E-mail address (Important):					
Date THIS TOUR Departs the U.S.:						

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



Personal data

First name	
Last name	
Date of birth	
Gender	
Marital Status	
Current Nationality	
Former Nationality (if applicable)	
Place of Birth (City, State/Province)	
Country of Birth	
Enter your current immigration status	
Country of residence	
City of residence	
Current residential address	
Phone number	
Email Address	

Other data

Address in Uganda (person, organization, hotel, travel agency...)

List of the last five countries (or less) you visited or NONE if no countries were visited.

Purpose of visit				
Date of arrival				
Point of entry or where you want to have your visa personalized				
Duration of stay requested. Specify period in days, months or years				
Have you been denied a Visa before?				
YES NO				
Have you been deported before?				
YES NO				
Have you been convicted in any country?				
YES NO				
Are there any criminal proceedings against you?				
YES NO				
Are you suffering from any mental illness?				
YES NO				

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.

Traveler #1's full name (LAST, First, Middle):				
Date of Birth (MM/DD/YYYY): / /				
Passport Number: P				
Date of Exp. (MM/DD/YYYY): / /				
Gender: Male Female				
Email Address*:				
Phone Number:				

Personal Information

Traveler #2's Full name (LAST, First, Middle):				
Date of Birth (MM/DD/YYYY): / /				
Passport Number: P				
Date of Exp. (MM/DD/YYYY): / /				
Gender: Male Female				
Email Address*:				
Phone Number:				

*Email addresses will not be used for solicitation purposes

Travel Information

Country #1: UGANDA	Country #2 (if applicable):
Approx. Date of Entry (MM/DD/YYYY): / /	Approx. Date of Entry (MM/DD/YYYY): / /
Approx. Date of Exit (MM/DD/YYYY): / /	Approx. Date of Exit (MM/DD/YYYY): / /
Name and Address of the first hotel:	Name and Address of the first hotel:
Contact in Country, if known (phone or email):	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.

No, I decline the optional Smart Traveler Program enrollment 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. <u>No further action is necessary on your part.</u>