



Ethiopia



Visa & Passport

Information Enclosed

TOURIST VISA REQUIREMENTS FOR ETHIOPIA

**Total cost
One person
\$150**

**Total cost
Two people
\$265**

For FedEx *Priority Delivery* please add \$10.00 to above costs.
For delivery outside the continental U.S. please add additional \$25.00.

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

- Your **signed** passport: having **one completely blank "visa" page** & **six months** validity beyond the travel date. If you need help securing, renewing or updating your passport, including adding extra visa pages, please contact GenVisa at 1-800-845-8968 for requirements and fees.
- **One (1)** recent passport **photo** per person (approx 2x2) – no home photos / no photocopies.
- **One (1)** completed and signed **visa application** form per person (attached).
- Copy of the **travel itinerary**.
- **Payment:** a check or money order payable to: **Generations Visa Service** (U.S. Dollars) or
Credit Card information: _____ Exp. Date: _____ Signature: _____

Complete and *return this entire form* with the requested materials – use prepaid FedEx Airbill enclosed.
For the nearest to you FedEx drop off location, please call 1(800)GOFEDEX.

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

If you need your passport **within 14 days:** add \$35 per person for expedited service. If you are departing **within 5 days:** call GenVisa prior to sending the materials. If you are a non-US citizen, call for entry requirements.

YOUR RETURN SHIPPING ADDRESS – No P.O. boxes, please

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Return to: Home or Business (Name & c/o): _____

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

City: _____ State: _____ Zip Code: _____

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

Date **THIS TOUR** Departs U.S.: _____

Optional insurance: \$8.00 per passport: in the unlikely event that your passport is lost or damaged in transit. This will cover your full out of pocket and replacement costs up to \$2,000. Please check one of the boxes below.

Yes, I have added an additional \$8.00 per person for the optional insurance. [FedEx signature will be required]

No, I decline the optional insurance and understand that in the unlikely event my passport is lost or damaged, Generations Visa Service and FedEx liability is limited to \$100. [No FedEx signature required upon delivery]

Send materials to:
GENERATIONS VISA SERVICE
2233 WISCONSIN AVE N.W. #226
WASHINGTON D.C. 20007-4119
1-800-845-8968



Cox & Kings - Ethiopia - 2008



PLEASE TYPE OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW EACH ITEM.

FIRST NAME.....			MIDDLE NAME.....			LAST NAME.....				
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			DATE OF BIRTH D.../M...YY.....			COUNTRY OF BIRTH.....				
PRESENT NATIONALITY..... ANY OTHER.....										
PASSPORT TYPE <input type="checkbox"/> ORDINARY <input type="checkbox"/> TRAVEL DOCUMENT <input type="checkbox"/> SERVICE <input type="checkbox"/> DIPLOMATIC <input type="checkbox"/> ALIEN <input type="checkbox"/> OTHER.....										
<input type="checkbox"/> PASSPORT NUMBER..... ISSUE DATE D.../M.../Y..... EXPIRATION DATE D.../M.../Y.....										
HOME /MAILING ADDRESS.....										
CITY/TOWN.....			STATE/REGION.....			ZIP/POSTAL CODE.....			COUNTRY.....	
DAY TEL.....		EVENING TEL.....			FAX.....		E-MAIL.....			

CHILDREN/ DEPENDANTS ON THE SAME PASSPORT

	FIRST NAME	MIDDLE NAME	LAST NAME	SEX	BIRTH DATE (D/M/Y)	BIRTH PLACE
1						
2						
3						
4						
5						

DO NOT WRITE IN THIS SPACE
FOR OFFICIAL USE ONLY/ TO BE FILLED AT HEAD OFFICE

DATE OF ENTRY.....		PORT OF ENTRY.....		VISA NUMBER.....		VISA TYPE.....			
PLACE OF ISSUE.....			DATE OF ISSUE.....			EXPIRATION DATE.....			
ADDRESS IN ETHIOPIA: HOTEL.....				TEL.....		CONTACT PERSON.....		TEL.....	

CURRENT REQUEST

PLACE OF REQUEST.....		REQUESTED VISA TYPE.....		DURATION (#DAYS).....		<p>PHOTO Attach one passport size photograph WRITE YOUR NAME ON THE BACK OF THE PHOTOGRAPH</p>
ENTRIES: <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> MULTIPLE			NUMBER OF SUPPORTING DOCUMENTS.....			

TO BE COMPLETED BY PROXY/ GUARDIAN

FIRST NAME.....		MIDDLE NAME.....		LAST NAME.....							
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		CONTACT PERSON/ ORGANIZATION.....									
REGION.....		ZONE.....		K.KETEMA (WOREDA).....		KEBELE.....		HOUSE #.....		TEL.....	

I THE UNDERSIGNED DECLARE THAT ALL THE ABOVE MENTIONED STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE

_____		_____	
FULL NAME & SIGNATURE		DATE	