



Visa & Passport

Information Enclosed

TOURIST VISA
REQUIREMENTS FOR MADAGASCAR
Less than 1 month stay

Total cost
One person
\$82

Total cost
Two people
\$127

For FedEx *Priority Delivery* please add \$10.00 to above costs.
For delivery outside the continental U.S. please add additional \$35.00.

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

- ___ Your **SIGNED** passport with at least **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 forms per person.
- ___ A copy of airline reservation, **travel itinerary** or **tour letter** from the tour operator.
- ___ **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 \$45 per person for expedited service. If you are departing **within 7 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 – Madagascar - 2010



REOBLIKAN ' i MADAGASIKARA
Tanindrazana - Fahafahana - Fahamarinana

NOM de FAMILLE: (Last name)	Veuillez coller ici votre photographie (Please affix your photograph here)
NOM DE JEUNE FILLE: (Maiden Name)	
PRÉNOMS: (First and Middle Name)	
NÉ LE: (Date of Birth)	
NÉ À: (Place of Birth)	

NATIONALITÉ: (Present nationality)	NATIONALITÉ D'ORIGINE: (Previous nationality)
SITUATION DE FAMILLE: (Family Status)	
DOMICILE HABITUEL: (Home address)	
RÉSIDANT ACTUELLEMENT À: (Present address)	
PROFESSION OU QUALITÉ: (Occupation or title)	
SPÉCIALISATION ÉVENTUELLE: (Present specialization)	
TITRE SCIENTIFIQUES: (Scientific qualifications)	
NUMÉRO DE PASSEPORT (Passport Number)	
DÉLIVRÉ LE: (Date of issue)	
DÉLIVRÉ PAR: (Issued by)	
VALABLE JUSQU'AU: (Valid until)	

NATURE ET DURÉE DU VISA SOLLICITÉ (Type and Length of Request Visa)				
TRANSIT À DESTINATION DE (Country to which proceeding)				
ALLER-RETOUR AVEC ARRÊT DE (Round-trip with stopover for)				JOURS days)
COURT SEJOUR DE (Short stay for)				JOURS days)
VALABLE DU: (Valid from)	AU: (To)			
NOMBRE D'ENTRÉE (Number of Entries)	UNE one	DEUX two		
MOTIF DU VOYAGÉ (Reason for trip)	TOURISME tourism	AFFAIRES business	CONGRES convention	ETUDES studies

EMPLACEMENT RESERVE A L'ADMINISTRATION
(For official use only)

Nom:

Prénoms:

No. du visa:

Date de délivrance:

Délai d'utilisation:

Durée du séjour autorisée:

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Nombre d'entrées autorisées:

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Référence de l'autorisation:

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Visas can be issued only when application form is completely filled out and sig and signed. For further information call (858) 792-6999 or write to
 Honorary Consulate of Madagascar, 1318 Santa Luisa Drive, Solana Beach, CA 92075

No documents submitted with visa application can be returned, except passport, health certificates, checks and travel tickets.

Visa fees are payable to the Consulate of Madagascar.

NOMS ET PRÉNOMS DES MEMBRES DE VOTRE FAMILLE VOYAGEANT AVEC VOUS: (Names of relatives traveling with you)	
S'IL S'AGIT D'UN VOYAGE D'AFFAIRES, INDIQUEZ LES NOMS ET ADRESSES DES COMMERCANTS OU INDUSTRIELS QUE VOUS DESIREZ RENCONTRER: (If you are traveling on business, please give names and addresses of correspondents or businessmen you wish to contact.	
S'IL S'AGIT D'UNE PARTICIPATION À UN CONGRES OU MANIFESTATION, INDIQUEZ L'ORGANISATEUR, LE LIEU, LA DATE, LA DURÉE: (If you are traveling to attend a convention or meeting, please indicate the name of the organizing party, the date and the length	
S'IL S'AGIT D'ÉTUDES UNIVERSITAIRES OU STAGES TECHNIQUES, INDIQUEZ ÉTABLISSEMENTS FRÉQUENTÉS, LIEUX, DATES, DURÉES: (If you intend to take up studies or technical training, give names of institutions, addresses, dates and length)	
AVEZ-VOUS DÉJÀ HABITÉ MADAGASCAR PENDANT PLUS DE TROIS CONSÉCUTIFS? PRÉCISEZ À QUELLE DATE ET OÙ: Have you ever lived in Madagascar for more than three months? Please give date and place.	
NOMS ET ADRESSES EXACTES DES RÉFÉRENCES DAND LE PAYS DE RÉSIDENCE: (Names and addresses of References in your country)	
ATTACHES FAMILIALES OU RÉFÉRENCES DAND LE PAYS DE RÉSIDENCE: (Names and Addresses of relatives or references in Madagascar)	
INDICATION PRÉCISE DES LIEU ET DATE (specify place and date of)	
D'ENTRÉE A MADAGASCAR (entry into Madagascar)	DE SORTIE DE MADAGASCAR (departure from Madagsacar)
MOYEN DE TRANSPORT UTILISÉ: (Means of transportation)	
INDICATION DE VOS ADRESSES ET CONDITION DE VOTRE HÉBERGEMENT PENDANT VOTRE SÉJOUR À MADAGASCAR: (Please give your addresses and housing arrangements during your stay in Madagascar)	

IMPORTANT:

JE M'ENGAGE À N'ACCEPTER AUCUN EMPLOI RÉMUNÉRÉ OU AU PAIR DURANT MON SÉJOUR À MADAGASCAR, À NE PAS CHERCHER À M'Y INSTALLER DÉFINITIVEMENT ET À QUITTER LE TERRITOIRE MALGACHE À L'EXPIRATION DU VISA QUI ME SERA ÉVENTUELLEMENT ACCORDÉ

(I agree to accept no paid or -au pair- position during my stay in Madagascar, not to try to settle down definitively in the country, and to leave the Malagasy territory upon the expiration of my visa).

MA SIGNATURE ENGAGE MA RESPNSABILITÉ ET M'EXPOSE, EN SUS DES POURSUITES PRÉVUES PAR LA LOI EN CAS DE FAUSSE DÉCLARATION, À ME VOIR REFUSER TOUT VISA À L'AVENIR

(My signature renders me responsible for the above statements; in case of any falsification therein, I understand that, in addition to any penalties imposed by Law, I would be unable in the future to receive any Malagasy visa).

À _____ LE _____
 (Place) (Date)

AVIS DU CHEF DE POSTE: (For official use only)
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SIGNATURE _____
 (Signed)