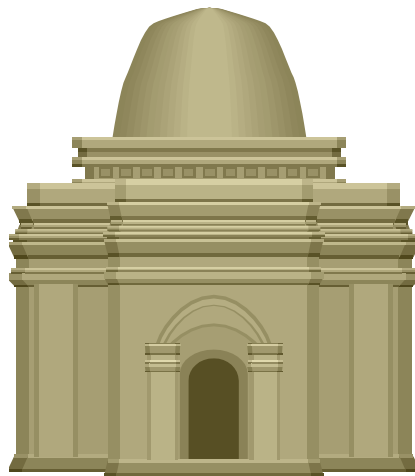




Myanmar



Visa & Passport

Information Enclosed

TOURIST VISA REQUIREMENTS FOR MYANMAR

**Total cost
One person
\$104**

**Total cost
Two people
\$169**

Cost includes service fees, consular fees* and return shipping
For delivery **outside the contiguous U.S.** please add additional \$35.00.
For **FedEx Overnight** Delivery please add \$10.00 to above costs.

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.
- ___ **Two (2)** recent passport **photo(s)** per person (approx 2x2) – no home photos / no photocopies.
- ___ **One (1)** completed and signed **visa applications, and "work history"** form per person.
- ___ Copy of round trip **airline tickets or itinerary**, or letter of confirmation from travel agent.
- ___ **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.
If no Airbill provided please subtract \$19 from the total cost for one way shipping.

Important: Do not send your passport/materials more than 6 months prior to your trip date.

If you need your passport **within 21 days:** add \$45 per person for expedited service. If you are departing **within 14 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 (**recommended for security reasons**) 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

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

Cox & Kings - Myanmar - 2012



APPLICATION FOR ENTRY VISA (TOURIST)

Official use only
 E.V.T(F.I.T)
 E.V.T (Package Tour)

1. Name in Full (Fill in Block Letters)
 _____ / _____ / _____
 (First Name) (Middle Name) (Last Name)

2. Father's Full Name _____ / _____ / _____
 (First Name) (Middle Name) (Last Name)

3. Date of Birth (dd/mm/yyyy): ___ / ___ / _____

4. Place of Birth (City / State / Country): _____ / _____ / _____

5. Nationality: U.S. / (Others): _____ 4. Sex (F) / (M)

6. Present Occupation: _____
 (If retired write " retired", if student write "student")

7. Marital Status: Married Separated Divorced Widowed Single (Never Married)

8. Spouse's Full Name: _____

Personal Description

9. (a) Color of Hair _____ (b) Height: m _ cm ___ / ft. _ in. ___

(c) Color of Eyes _____ (d) Complexion _____

Passport

10. (a) Number _____ (b) Date of Issue (dd/mm/yyyy) ___ / ___ / _____

(c) Dt. of expiration (dd/mm/yyyy): ___ / ___ / _____

(d) Place of issue: _____ (e) Issuing Authority:

United States, _____ United States, Department of State /

Other: _____ National Passport Centre / Other: _____

11. Present Address in U.S. _____
 (Include apartment number, street, city, state or province & postal zone)

12. Contact Phn. No. (Res.) (___) _____ (Work) (___) _____ e-mail: _____

13. Address in Myanmar: _____

14. Have you ever been to Myanmar: Yes No (If Yes) Date of Last Visit: (dd/mm/yyyy): ___ / ___ / _____

15. Have you ever been refused to enter Myanmar: Yes No. (If Yes) When: (dd/mm/yyyy): ___ / ___ / _____

Why: _____

16. Purpose of Visit: Tourism / _____
 (Expected date of **Arrival**: ___ / ___ / _____ Flight No. _____ & **Departure**: ___ / ___ / _____, Flight No. _____)
 dd mm yyyy dd mm yyyy

17. Attention for Tourists

(a) Apart from the professions mentioned in this visa application form applicants are not to engage in any sort of work with or without charges.

(b) Applicant shall abide by the Laws of the Union of Myanmar and shall not interfere in the Internal Affairs of the Union of Myanmar.

(c) Legal action will be taken against those who violate or contravene any provision of the existing laws, rules and regulations of the Union of Myanmar.

I hereby declare that I fully understand the above mentioned conditions, that the particulars given above are true and correct and that I will not engage in any activities irrelevant to the purpose of entry stated herein.

Date (dd/mm/yyyy): ___ / ___ / _____

Signature of Applicant

(FOR OFFICE USE ONLY)

Visa No. _____ Date : _____

Visa Authority: MOFA Lt. No. 46 11 11 (76) Dated : 11 March 1994

(If other): MOFA Lt. No. _____, Dated: _____

Signature of Officer in-Charge

Embassy of the Union of Myanmar(Washington D.C.)

- Contact : Phn.(202) 332 3344, 4350, 4352,Fax:(202) 332 4351,http://www.mewashingtondc.com , e-mail : mewdcusa@gmail.com

Work History for Visa Applicant

1. Name in Full (Fill in block letters): _____
Surname (As in Passport): _____
First Name & Middle Name: _____
2. Date of birth (dd/mm/yyyy) __ / __ / _____
3. Place of birth: U.S., _____ (Other): _____
4. Permanent Home Address: _____

5. Tel. (Res.) () _____ (Work Place) () _____
e-mail: _____
6. Work Description (**Current**)
 - (a) Job Title : _____
From(dd/mm/yyyy): __ / __ / _____ -To (dd/mm/yyyy) __ / __ / _____
 - (b) Office _____
Section _____
Division _____
Describe your Duties: _____

7. Work Description (**Previous**)
 - (a) Job Title: _____
From (dd/mm/yyyy) __ / __ / _____ To (dd/mm/yyyy) __ / __ / _____
 - (b) Office _____
Section _____
Division _____
Describe your Duties: _____

I hereby declare that the particulars given above are true and correct and that I will not engage in any activities irrelevant to the purpose of my entry.

Signature of Applicant

Date: (dd/mm/yyyy) __ / __ / _____