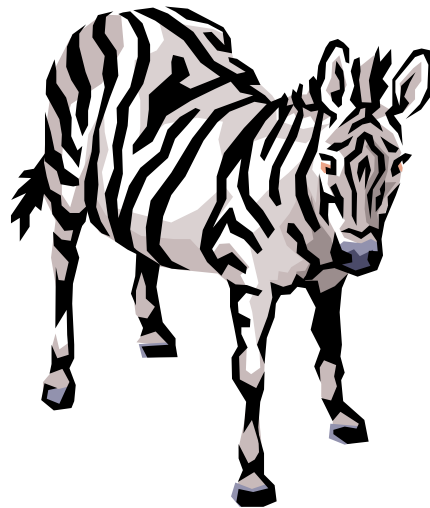




Tanzania



Visa & Passport

Information Enclosed

TOURIST VISA REQUIREMENTS FOR TANZANIA

**Total cost
One person
\$184**

**Total cost
Two people
\$329**

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 application** form per person (attached).
- ___ 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 14 days:** add \$45 per person for expedited service. If you are departing **within 7 days:** add \$65 per person for expedited service. 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 to:
GENERATIONS VISA SERVICE
2233 WISCONSIN AVE N.W. #226
WASHINGTON D.C. 20007-4119
1-800-845-8968

Cox & Kings – Tanzania - 2012





THE EMBASSY OF THE UNITED REPUBLIC OF TANZANIA

1232 22nd St. NW, Washington DC, 20037
Tel. (202) 939-6125 and (202) 884-1080 Fax (202) 797-7408

FOR OFFICIAL USE ONLY

GRR NO. _____
VISA NO. _____
Ref. NO. _____

VISA APPLICATION FORM

(Visa Regulations on the next page)

2 Passport Size
Photograph
Size: 2x2
Do not paste or
staple

- Surname or Family Name (Mr./Mrs./Miss/Ms/Dr./Prof.) _____
First Names in Full _____
Former or Maiden Name (if different from above) _____
- Date of Birth (DD/MM/YY) _____ Sex (M/F) _____
- Place of Birth _____ Country of Birth _____
Current Nationality (State if Dual Nationality) _____
Nationality at Birth _____
- Marital Status (Mark): Single Married Divorced Widowed Legally Separated.
- Passport No _____ Date Issued _____ Valid Until _____
Issued At _____ Issuing Authority _____
- Profession/Occupation _____
Employer Address: _____
- Current Address _____
Tel. _____ Fax _____ E-mail _____
- Name of Travel Agent/Tour Operator _____
- Contact Person(s) in Tanzania _____
Address _____
- Date of Entry _____ Departure Date _____
Duration of Stay _____ (Max. 90 Days)
- Type of Visa Requested Travel Visa Transit Visa
- Purpose of visit

<input checked="" type="checkbox"/> Leisure, Holiday	<input type="checkbox"/> Other Business	<input type="checkbox"/> Various
<input type="checkbox"/> Visiting friends, relatives	<input type="checkbox"/> Study	<input type="checkbox"/> Diplomatic
<input type="checkbox"/> Mission	<input type="checkbox"/> Transit	<input type="checkbox"/> Official
<input type="checkbox"/> Meeting, Conference	<input type="checkbox"/> Health Treatment	<input type="checkbox"/> Same day visitor
- Requested Number of Entries: Single Double Multiple.
- In Case Of Transit: Do you have an Entry Permit for the Final Country of Destination? No Yes Valid Until: _____
- Budget Available For Your Stay _____
- I Hereby Declare That The Information Stated Above Is True And Correct :

Signature of Applicant _____ Date _____