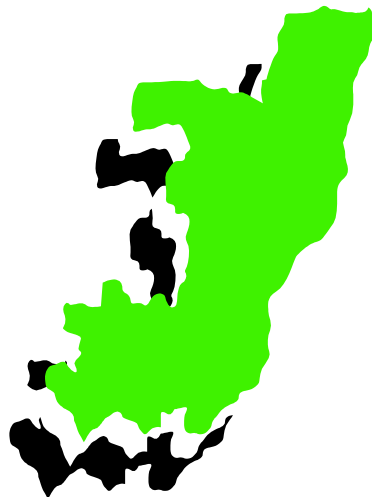




Rep of Congo



Visa & Passport

Information Enclosed

TOURIST VISA **REQUIREMENTS FOR REP OF CONGO (Brazzaville)**

**Total cost
One person
\$208**

**Total cost
Two people
\$377**

Cost include 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 **photos** per person (approx 2x2) – no home photos / no photocopies.
 - **Two (2)** completed and signed **visa application** form per person (attached).
 - Copy of your **flight itinerary** or travel agency letter.
 - **Payment:** a check or money order payable to: **Generations Visa Service** (U.S. Dollars)
- 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 3 months prior to your trip date.

If you need your passport **within 14 days:** add \$45 per person, **within 7 days:** call GenVisa prior to sending your materials. These requirements are for U.S. passport holders, for all other nationalities call for entry requirements. *Consular fees are subject to change without notice.

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 US:** _____

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 visa(s) and passport 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 required upon delivery.]

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



Embassy of the Republic of Congo
In the United States of America
1720 16th Street, NW
Washington, D.C. 20009
Tel:(202)726-5500/986-5751/986-5418
Fax: 202 726-1860
Email: visacongo_washington@yahoo.fr



Demande pour un visa de: - Δ Transit

- Δ Court Séjour/ Short Stay

- Δ Long Séjour / Long Stay

Nom:.....
Family name

Non de jeune fille :.....
Maiden Name

Né (e) le:..... à :.....
Date of birth Place of birth :

Nationalité d'origine :..... Actuelle :.....
Citizen of presently

Situation de famille :.....
Family status

Nom & prenom du conjoint :.....
Full spouse name

Nombre d'enfant :..... leur age :.....
Number of children age

Residence actuelle:.....

Profession:.....
Occupation

Passeport No. Délivré le:.....
Passport No. Date issued

Expire le :.....
Date of expiration

-Official use Only -

Avis Administratif:

Fac-similé du visa appose sur le passeport de l'intéressé

Ambassade de la
République du Congo
Washington, D.C.

Visa No..... Pour permettre à Mr.....
De nationalité.....titulaire du présent passeport de séjourner dans la
République du Congo pour une période de Allant du
.....au

Washington, D.C., Le.....