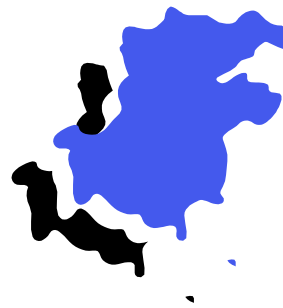




Sao Tome & Principe



Visa & Passport

Information Enclosed

TOURIST VISA
REQUIREMENTS FOR SAO TOME & PRINCIPE

Total cost
One person
\$154

Total cost
Two people
\$269

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.
- ___ **One (1)** recent passport style picture per person. **Non-passport photographs are not acceptable!**
- ___ **One** completed and **signed** visa application form per person (attached).
- ___ Copy of your round trip airline tickets, or **itinerary or e-ticket**, or letter of confirmation from a travel agent.
- ___ Copy of **International Certificate of Vaccination** for Yellow Fever required.
- ___ Payment: a check or money order payable to: **GenVisa** (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 for expedited service. If you are departing **within 7 days**: call GenVisa prior to sending your materials. These requirements are for U.S. passport holders, for other nationalities call for 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: _____

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. [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.]

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





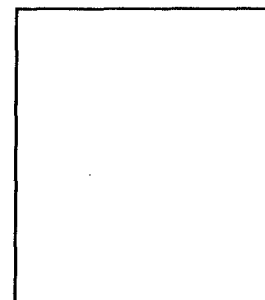
Embassy of São Tomé e Príncipe
1211 Connecticut Avenue, NW, Suite 300
Washington, DC 20036

**PEDIDO DE VISTO
VISA APPLICATION FORM**

Please complete the form in black ink. Check the boxes that apply and attach:

- ✓ Valid passport
- ✓ Two recent passport size pictures

TRANSIT	ORDINARY	WORK PERMIT	RESIDENT PERMIT
TRÂNSITO	ORDINÁRIO	TRABALHO	FIXAÇÃO DE RESIDÊNCIA



PERSONAL DETAILS

Dados Pessoais

1. Name: _____ 2. Surname: _____ 3. Sex: M F
Nome Apellido Sexo

4. Date of Birth (dd/mm/yy): _____ 5. Nationality: _____ 6. Nationality of Origin _____
Data de nascimento Nacionalidade Nacionalidade de origem

7. Place of Birth: _____ 8. Country of Birth: _____ 9. Other nationalities: _____
Local de nascimento País onde nasceu Outras nacionalidades

10. Father's name: _____ 11. Mother's name: _____
Nome do pai Nome da mãe

12. Marital status: Single Married Separate Divorced Widowed
Estado civil Solteiro(a) Casado(a) Separado(a) Divorciado(a) Viúvo(a)

13. Mailing address: _____ Tel.: _____
Endereço fixo Tel

14. Trade or Profession: _____ 15. Employer: _____
Ocupação ou profissão Entidade patronal

16. Office/Employer's address: _____ Tel: _____
Escritório/Endereço da entidade patronal Tel

17. Individual traveling with: _____
Pessoas que o(a) acompanham

18. Person, company or Institution to be contacted in São Tomé: _____
Pessoa, companhia ou instituição a contactar em São Tomé

19. Name of persons who can provide information: (Name of references, address and nationality phone/fax) _____
Nome da pessoa que pode fornecer informações

Intended length of stay in São Tomé _____
Período de permanência em São Tomé

PASSPORT INFORMATION

Informação sobre o passaporte

20. Ordinary passport _____ Diplomatic/Official passport _____ Other document: _____ Passport No. _____
Passaporte ordinário Passaporte diplomático/oficial Outro documento No. do passaporte

21. Name of issuing authority _____ 22. Issue date (dd/mm/yy): _____ 23. Valid until (dd/mm/yy): _____
Nome da entidade emissora Data de emissão Validade

Signed _____

Date _____

Note/Comments _____

FOR OFFICIAL USE ONLY:

Pagou: Cheque No. Cash
No. do Visto:
Data:
Parecer dos Serviços Consulares

O Encarregado para os Assuntos Consulares
