

TOURIST VISA REQUIREMENTS FOR MYANMAR

**Total cost
One person
\$83**

**Total cost
Two people
\$148**

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. For help with passport processing, including adding visa pages, call GenVisa at 1-800-845-8968.
- **Two (2)** recent passport **photo(s)** per person (approx 2x2) – no home photos / no photocopies.
- **One (1)** completed and signed **visa application** and **one (1) Work History form** per person. If you reside in New York, Connecticut or New Jersey please contact GenVisa for a different set of application forms.
- Copy of round trip airline tickets or **itinerary**, or letter of confirmation from travel agent.
- **Payment**: a check or money order payable to **GenVisa** in US Dollars and drawn on a US bank.

Complete and *return this entire form* with the requested materials to the address below.

Important: Do not send your passport/materials more than 3 months prior to your trip date.

If you need your passport returned **within 30 days of submission**: add \$45 per person for expedited service. If you need your passport **within 21 days**: call GenVisa prior to sending the materials. If you are a non-US citizen, call for entry requirements and fees. **For current requirements, terms and conditions, updated forms and fees please check at: www.genvisa.com/vikingrivercruises**

YOUR RETURN SHIPPING ADDRESS

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 from GenVisa. 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

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



EMBASSY OF THE REPUBLIC OF THE UNION OF MYANMAR, WASHINGTON D.C.

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 Blocks)
(First Name) / (Middle Name) / (Last Name)

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

3. Date of Birth (dd/mm/yy):

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

5. Nationality: U.S. / (other): 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 :

PHOTO
Recently taken 35 mm X 45 mm color photo
With full face, front view, no hat and against a plain light background

Personal Description

9. (a) Color of Hair (b) Height : m cm / ft. in.
(c) Color of Eyes (d) Complexion

Passport

10. (a) Number Date of Issue (dd/mm/yy):

(c) Date of Expiration (dd/mm/yy):

(d) Place of Issue : (e) Issuing Authority :
United States, United States, Department of State
Other : National Passport Center/ Other :

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

12. Contact Phn. No. (Res.) () (Work) () email:

13. Address in Myanmar

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

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

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

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) Applicants shall abide by the Law of the Republic of the Union of Myanmar and shall not interfere in the Internal Affairs of the Republic 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 Republic 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/yy): Signature of Applicant

(FOR OFFICIAL 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 Republic of the Union of Myanmar (Washington D.C)

Contact : Tel. (202) 332 4352, (202) 238 9332 Fax. (202) 332 4351, http://www.mewashingtondc.com, e-mail : info@mewashingtondc.com

Updated : August 2012

Work History for Visa Applicant

1. Name in Full (Full in block letter) : _____
Surname (As in Passport) : _____
First Name & Middle Name : _____
2. Date of birth (dd/mm/yy): ___ / ___ / _____
3. Place of Birth : U.S. _____ (other): _____
4. Permanent Home Address : _____

5. Tel. (Res.) () _____ (Work Place) _____
Email : _____
7. Work Discription (**Current**)
 - (a) Job Title : _____
From (dd/mm/yy) : ___ / ___ / _____ - To (dd/mm/yy) : ___ / ___ / _____
 - (b) Office _____
Section _____
Division _____
Describe your Duties _____

8. Work Description (**Previous**)
 - (a) Job Title : _____
From (dd/mm/yy) : ___ / ___ / _____ - To (dd/mm/yy) : ___ / ___ / _____
 - (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/yy) : ___ / ___ / _____