

TOURIST VISA REQUIREMENTS FOR UGANDA (Single Entry)

Consular fee: \$ 50 p/person
GenVisa service fee: \$ 49 p/person
Roundtrip FedEx fee: \$ 48 p/address
Total Cost: \$147 One

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Roundtrip FedEx fee: \$ 48 p/address
Total Cost: \$246 Two

For **East Africa Tourist Visa**, valid for 90 days from the date of first entry and good for multiple entries into **Uganda, Kenya, and Rwanda** please **add \$55.00 to the above costs**

If you wish to apply for this visa you must apply with the first country that you are entering.

Please use the following link to print the pre-addressed, prepaid FedEx label: <http://returns.nrgsoft.com/genvisa.php>

For the **Overnight Return Delivery** upgrade please add an additional \$15.00 per address.

For roundtrip delivery outside the **contiguous** U.S. please add an additional \$90.00.

Please Send to GENERATIONS VISA SERVICE: (see address below)

- Your **SIGNED** passport: having two completely blank "visa" pages & six months validity beyond the travel date. For help with passport processing please call GenVisa at 1-800-845-8968.
 - **Two (2)** recent passport **photo(s)** per person (approx. 2" x 2") – no home photos / no photocopies.
 - **One** submitted **ONLINE** visa application per person, **printed and signed copy of Confirmation Receipt.**
Please note: All visa applications must be submitted online.
 - Manually completed applications (pages 2-3) must include **additional \$49** per person – online refiling fee.
 - International **Certificate of Vaccination for Yellow Fever.**
 - 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 – use [prepaid FedEx Label](#).
- Important: Do not** send your passport/materials more than 3 months prior to your Uganda trip date.

Visa processing generally takes 3-4 weeks. If you need your passport returned **within 15 days: add \$45 per person** for expedited service, **within 7 days: add \$75 per person** for expedited service.

***Consular fees, processing times and forms are subject to change without notice.** For terms and conditions, current requirements, processing times, updated forms and fees please check online at

www.genvisa.com/gate1

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 the U.S.: _____

Optional insurance: \$9.00 per passport: in the unlikely event that your passport is lost or damaged in transit. This will cover your full out of pocket **direct** visa(s) and passport replacement costs up to \$2,000. Please check one of the boxes below.

Yes, I have added an additional \$9.00 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. #405
WASHINGTON D.C. 20007-4151
1-800-845-8968





**THE REPUBLIC OF UGANDA
VISA APPLICATION**

SERIAL NO : (Please do not write in this space, for official use only)

1. Last Name (Family Name):

2. Other Given Names:

3. Former Name(s) if applicable:.....

4. Permanent Address:

a. Telephone No (s): Home: ()Work: ()

Cell phone (optional): ().....

b. E-mail address:

5a. Nationality:..... 5b. Current Occupation:.....

6. Date and Place of Birth/...../.....
Day Month Year Place of Birth

7. Marital Status: (check/tick one): Married Single Divorced

8. Other family members accompanying applicant:

(N.B. Each traveling family member must have a separate application filled out for them)

Name	Date of Birth	Passport number
Spouse.....		
Child.....		
Child.....		
Child.....		

9. Passport No:..... Date of Issue...../...../..... Expiry date...../...../.....
Day Month Year Day Month Year

Type of Passport (check/tick one) Diplomatic Official Ordinary

10. Type of Visa required (check/tick one)

Transit Single Entry Multiple Entry (Six Months) Multiple Entry (12 Months)

11. Category of Visa (check/tick one)

Tourist Holiday visit Business Student Govt. Business

12. Proposed Date of Arrival in Uganda:/...../.....
Day Month Year

Planned duration of Stay in Uganda:

13. Reason for the Journey:

14. Date(s) of any Previous Visit(s) to Uganda:

15. Any contact person in Uganda:

a. Name:
First Last/Family Name

b. Phone: c. email:.....

16. Full address where you intend to stay while in Uganda:
.....

17. If in Transit: N/A

a. Indicate your ultimate destination:

b. Have you obtained a visa for country of destination?

Applicant's Signature: Date:/...../.....
Day Month Year

Submit Application to:
The Consular Officer
Embassy of the Republic of Uganda
5911 16th Street NW
Washington DC 20011



Smart Traveler Enrollment Program

“Stay Informed, Stay Connected, Stay Safe!”

For a nominal fee Generations Visa Service will register you and your travel details with the nearest U.S. Embassy or Consulate in the countries you are visiting. This registration allows the US government to efficiently safeguard its citizens while overseas.

Benefits of Enrolling in Smart Traveler Enrollment Program:

- Receive important information from the Embassy about up-to-the-minute safety conditions in your destination country, helping you make informed decisions about your travel plans.
- Help the U.S. Embassy contact you in an emergency, whether natural disaster, civil unrest, or family emergency.
- Help family and friends get in touch with you in the case of an emergency.

Personal Information

Traveler #1’s full name (LAST, First, Middle):
Date of Birth (MM/DD/YYYY): / /
Passport Number: P _____
Date of Exp. (MM/DD/YYYY): / /
Gender: Male ___ Female ___
Email Address*:
Phone Number:

Traveler #2’s Full name (LAST, First, Middle):
Date of Birth (MM/DD/YYYY): / /
Passport Number: P _____
Date of Exp. (MM/DD/YYYY): / /
Gender: Male ___ Female ___
Email Address*:
Phone Number:

*Email addresses will not be used for solicitation purposes

Travel Information

Country #1: UGANDA
Approx. Date of Entry (MM/DD/YYYY): / /
Approx. Date of Exit (MM/DD/YYYY): / /
Name and Address of the first hotel:
The Boma Guest House
Plot 20A Gowers Road
Entebbe, Uganda
Contact in Country, if known (phone or email):
Gate1 Travel - 800-682-3333

Country #2 (if applicable):
Approx. Date of Entry (MM/DD/YYYY): / /
Approx. Date of Exit (MM/DD/YYYY): / /
Name and Address of the first hotel:
Contact in Country, if known (phone or email):

- Yes**, please enroll me in Smart Traveler Program. I have added an additional **\$15.00 per person** for this service.
- No**, I decline the optional Smart Traveler Program enrollment service. **Please include STEP enrollment fees in the total payment for visa processing.**

Please note: If you receive an email confirmation from the Department of State titled “Smart Traveler Enrollment Program Invitation,” one of our agents has enrolled you in the Program with the information provided. No further action is necessary on your part.