TOURIST VISA REQUIREMENTS: INDONESIA E-VOA

Consular Fee: \$35/person GenVisa Service Fee: \$59/person

Total Cost: \$95 One Person

Consular Fee: \$35/person Genvisa Service Fee: \$59/person

Total Cost: \$190 Two People

Cost includes service fees, consular/government fees*, and return by email.

Please complete and return this entire form with the requested materials to GenVisa by traceable mail to the address below. Clear COLOR copy of the data pages of your passport (pp. 2-3). Please make sure that your passport has six months validity beyond the travel date. If you need help securing or renewing your passport, please contact GenVisa at 800-845-8968 for requirements and fees. One (1) recent high resolution, professional, passport-type picture per person. DO NOT STAPLE! Indonesia E-VOA Form signed and dated, one per applicant (enclosed in the visa kit). Itemized airline and tour itinerary showing travel dates and entry points in each traveler's name. Payment: a check or money order payable to GenVisa in US Dollars, drawn on a US bank. Complete and return this entire form with the requested materials – use secure traceable delivery. Important: Do not send your passport/materials more than 3 months prior to your trip date.

Please allow up 15 days for processing and receipt of your Indonesia E-VOA. If you need your E-VOA within 7 business days: add \$55 per person (expedited GenVisa service fee). Government fees are subject to change without notice. For terms and conditions, current requirements, updated forms, and fees please check at www.genvisa.com/gate1

YOUR CONTACT INFORMATION

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 ETAs:Your E-mail address (Important):				
Date You enter Indonesia		First Port of Arriv	val	
Date You Depart the US:				
passport is lost or damaged, Gersee the Passport Insurance page	ivisa will arrange for for details (included nal \$29.99 per perso	expedited passport repl in the visa kit) and <u>choo</u> n for the Lifetime Expe	ort: in the unlikely event that your accement in the United States. Please ose one of the boxes below. dited Passport Replacement insurance.	

Send materials to:

Generations Visa Service 5335 Wisconsin Ave NW, Suite 380 Washington, DC 20015 Gate1 – Indonesia E-VOA



Indonesia E-VOA Request Form

Traveler Details:
Full Name: (As it appears in your passport)
First Name:
Middle Name:
Last Name:
Street Address:
City:
State:
Zip Code:
Date of Birth:
Place of Birth:
Email Address:
Passport Information:
Passport Number:
Passport Issue Date:
Passport Expiration Date:
Travel Information:
Date of Departure from United States:
Date of Arrival in Indonesia:
Mode of Transportation: □ Air ☑ Sea □ Land
Address in Indonesia:
Port of Entry in Indonesia:
Port of Exit in Indonesia:
Purpose of Visit: Tourism
Applicant's Signature:



LIFETIME US PASSPORT REPLACEMENT INSURANCE FOR \$29.99 PER PERSON

This affordable passport replacement program offers **expedited** replacement of your lost, stolen, or damaged US passport—**up to \$399 in replacement service fees**. Upon receipt of your claim, we will arrange for the fastest available turnaround to process your passport replacement application under specific circumstances.

By enrolling, you agree to the following:

- ✓ GenVisa will waive its expedited processing fees. You are responsible for applicable Government and shipping fees only.
- ✓ GenVisa will select the fastest available processing speed based on your scheduled departure date.
- ✓ Coverage does not include replacement of expired passports, passports that ran out of visa pages, name changes, or valid travel visas.
- ✓ Coverage cannot exceed our service fee for an EMERGENCY passport at the time of the claim.

Insurance coverage excludes:

- ✓ Replacement of expired passports, passports that ran out of visa pages. name changes, or valid travel visas.
- ✓ Replacement of lost, stolen, or damaged passports while outside the United States and its territories. Should that happen, you must apply in person at the nearest US Embassy for an emergency passport.

To make a claim, please call (800) 845-8968 or email us at info@genvisa.com.

Optional LIFETIME Passport Replacement insurance: \$29.99 per passport.

In the unlikely event that your passport is lost or damaged, Genvisa will arrange for expedited passport replacement in the United States.

Please choose one of the boxes below.

No, I decline the Lifetime Passport Replacement insurance.

Yes, I have added an additional \$29.99 per person for the Lifetime Passport Replacement insurance. Please include insurance fees in the total payment for visa processing.

Name and Signature:

Date:



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:

Traveler #1's full name (LAST, First, Middle):

- 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.

Traveler #2's full name (LAST, First, Middle):

• Help family and friends get in touch with you in the case of an emergency.

Personal Information (Pease fill out legibly in block letters)

Date of Birth (MM/DD/YYYY):	Date of Birth (MM/DD/YYYY):	
Gender: Male Female	Gender: Male Female	
Passport Number: P	Passport Number: P	
Email Address*:	Email Address*:	
Phone Number:	Phone Number:	
*Email addresses will not be used for solicitation purposes		
<u>Travel Info</u>	ormation_	
Country #1:	Country #2 (if applicable):	
Approx. Date of Entry (MM/DD/YYYY):	Approx. Date of Entry (MM/DD/YYYY):	
Approx. Date of Exit (MM/DD/YYYY):	Approx. Date of Exit (MM/DD/YYYY):	
Name and Address of the first hotel:	Name and Address of the first hotel:	
Name of the Tour Operator:	Name of the Tour Operator:	
Yes, please enroll me in Smart Traveler Program. I have Please include STEP enrollment fees in the total pays	e added an additional \$15.00 per person for this service. ment 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.