

TOURIST VISA REQUIREMENTS FOR EAST AFRICA VISA (Kenya, Rwanda and Uganda)

**Total cost
One person
\$193**

**Total cost
Two people
\$362**

East Africa Tourist Visa is valid for 90 days from the date of first entry and is good for multiple entries into Kenya, Rwanda and Uganda. **You must fill out the application for the country that you enter first!**

For delivery **outside the contiguous U.S.** please add additional \$35.00.

For **FedEx Overnight** Delivery please add \$10.00 per address to above costs

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 call GenVisa at 1-800-845-8968.
- Two **(2)** recent professional passport **photos** per person (approx. 2"x2"). **Paperclip to the application!**
- One **(1)** completed online, printed and signed visa application form per person. Please use the following link for Uganda online application: <http://www.ugandavisapassport.org/uganda-embassy-dc-visa-application-form/>. Manually completed application (pages 3-4) must **include additional \$49** per person – online refiling fee.
- Copy of itemized travel **itinerary**, or letter of confirmation from your tour operator.
- **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 a traceable form of delivery.
Important: Do not send your passport/materials more than 6 months prior to your tour departure date.

Visa processing generally takes 3-4 weeks. If you need your passport returned **within 21 days**: add \$45 per person for expedited service, **within 14 days**: add \$65 per person for expedited service, **within 7 days**: add \$95 per person for expedited service. *Consular fees and forms are subject to change without notice. For terms and conditions, current requirements, updated forms and fees please check online at www.genvisa.com/rcrusoe

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.: _____

If you wish to utilize a FedEx label for a convenient, secure and traceable delivery to GenVisa office, please check this box, add \$24 to the total processing fee and proceed to the following portal: <http://returns.nrgsoft.com/genvisa.php>

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 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. #311
WASHINGTON D.C. 20007-4126
1-800-845-8968**





EMBASSY OF THE REPUBLIC OF KENYA
2249 R. ST. N. W.
WASHINGTON, D. C. 20008
Tel: (202) 387 6101 Fax: (202) 462-3829

APPLICATION FORM FOR A VISA
(TO BE COMPLETED IN BLOCK LETTERS)

SINGLE VISA **MULTIPLE VISA** **TRANSIT VISA**

1. a. Surname (Mr/Mrs/Miss) _____ b. Other Names _____
c. Full Names of Father/Husband/Wife _____
(Names of husband or wife in case of married persons or father, if unmarried)
2. a. Date of Birth _____ Country and Place of Birth _____ Sex _____
b. Profession/Occupation _____
3. A. Country of Residence _____
b. Nationality at Birth _____ c. Present Nationality, if different _____
4. Passport/Travel Document Held:
a. No. _____ Place & Date of Issue _____
b. Issued by _____ Valid Until _____
(Name of Authority Issuing Passport/Travel Document)
5. Contact address and telephone number in the US _____

6. a. Reason for Entry _____
b. Proposed Date of Entry _____ Duration of Stay _____
7. Full names and addresses of friends, firms or relatives to be visited, if any: _____

8. Dates and duration of previous visits to Kenya _____
9. Will you be returning to your Country of Residence/Domicile? _____
10. It should be noted that possession of a visas is not the final authority to enter Kenya.

I hereby declare that the foregoing particulars are correct in every detail.

Date _____ Signature of Applicant _____

FOR OFFICIAL USE ONLY



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)

Table with 3 columns: Name, Date of Birth, Passport number. Rows for Spouse, Child, Child, Child.

9. Passport No: Date of Issue (Day, Month, Year) Expiry date (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



East Africa Tourist Visa Application

(To be completed in Block Letters)

Formulaire de demande de visa touristique des pays de l'Afrique de l'Est

PHOTO

1. Surname (Family name) / Nom de famille												
2. First name(s) / Prénom												
3. Other Names in Full / Autres noms												
4. Date of birth (day-month-year) / Date de naissance	5. Country of Residence / Pays de résidence	6. Current nationality / Nationalité actuelle										
7. Place of birth / Lieu de naissance	8. Country of birth / Pays de naissance	9. Nationality at birth, if different / Nationalité à la naissance (Si différente de la nationalité actuelle)										
10. Sex / Genre (Masculin ou féminin) <input type="checkbox"/> Male / Masculin <input type="checkbox"/> Female / Féminin		11. Marital status / Etat Civil (Célibataire, Marié(e) ou Autres-Précisez) <input type="checkbox"/> Single / Célibataire <input type="checkbox"/> Married / Marié(e) <input type="checkbox"/> Other (please specify) / Autre (veuillez préciser)										
12. Passport Number / Numéro du document de voyage	13. Date of issue / Date de délivrance	14. Valid until / Date d'expiration	15. Issued by / Délivré par									
16. Applicant's home address and e-mail address / Adresse électronique et de domicile du demandeur			Telephone number(s) / Numéro de téléphone									
17. Contact Address in the Country of Residence (Physical address): / Adresse physique du pays de résidence		Telephone / Cell no.: / Numéro de téléphone: .:										
18. Contact Address in the country of origin(Physical address): / Adresse physique du pays d'origine		E-mail: / Adresse électronique										
19. Full names and addresses of Hotels/Places/ Firms/Friends or Relatives to be visited in Kenya (Physical address): / Adresse physique complet de l'hôtel/ami ou familial à visiter au Kenya/Adresse électronique		Telephone / Cell no.: / Numéro de téléphone: .:										
		E-mail:										
20. Proposed Date of Entry: / Date probable d'entrée		21. Duration of the intended stay or transit / Durée de séjour										
22. Purpose of Entry / Objet(s) du voyage												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Business / Affaires</td> <td style="width: 33%;"><input type="checkbox"/> Medical / Conférence</td> <td style="width: 33%;"><input type="checkbox"/> Study / Voyage</td> </tr> <tr> <td><input type="checkbox"/> Conference / Raisons médicales</td> <td><input type="checkbox"/> Religious Mission / Volontourism / Religieuse/Volontaire</td> <td><input type="checkbox"/> VFR – Visiting Friends and Relatives / Sports ou autres</td> </tr> <tr> <td><input type="checkbox"/> Holiday / Etudes</td> <td><input type="checkbox"/> Sports / Visite à la famille ou à des amis</td> <td><input type="checkbox"/> Others / Not Stated</td> </tr> </table>				<input type="checkbox"/> Business / Affaires	<input type="checkbox"/> Medical / Conférence	<input type="checkbox"/> Study / Voyage	<input type="checkbox"/> Conference / Raisons médicales	<input type="checkbox"/> Religious Mission / Volontourism / Religieuse/Volontaire	<input type="checkbox"/> VFR – Visiting Friends and Relatives / Sports ou autres	<input type="checkbox"/> Holiday / Etudes	<input type="checkbox"/> Sports / Visite à la famille ou à des amis	<input type="checkbox"/> Others / Not Stated
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23. Current occupation / Emploi actuelle	
24. Member State(s) of destination / Etat(s) membre (s) de destination	21. Member State of first entry / Etat(s) membre(s) de la première entrée
25. Dates, Countries and Duration of Previous Stay In The East African Region/ Date, Pays et durée de séjour précédent dans la région de l'Afrique de l'Est	
26. Will you be returning to your Country of Residence / Retourneriez-vous dans votre pays de résidence ou de domicile?	
27. Have you been previously denied entry into East Africa Region? If yes state when and reasons given. / Avez-vous été refusé une autorisation d'entrée dans la région de l'Afrique de l'Est ? Si oui dans quel pays et pour quel raison?	
28. Have you ever been convicted of any offence under any system of law? If yes give offence and penalty? / Avez-vous été condamné d'une quelconque infraction dans n'importe quel système juridique ? si oui décrivez l'infraction et la pénalité	
<p>I, (Je, soussigné) (insert name) understand that if any of the particulars furnished above are found to be incorrect or if any relevant information is found to be withheld or suppressed, the visa is liable to be cancelled. (Mentionner le nom), comprends que si l'un des indications fournit ci-dessus se retrouve incorrecte ou si l'un des indications se trouve retenue ou supprimé, le visa sera susceptible d'être annulé).</p> <p>(Signature of applicant)..... Date.....</p>	
<p>NOTE:</p> <p>(a) Incomplete applications will delay your Visa Process / Demande incomplète retardera votre procédure de visa</p> <p>(b) The possession of a visa is not the final authority to enter the Member State of East Africa Region / La possession d'un visa n'est pas une garantie d'entrer dans un pays membre de la région de l'Afrique de l'Est.</p>	
<p>FOR OFFICIAL USE / A L'USAGE OFFICIEL</p>	



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 (Please fill out legibly in block letters)

Traveler #1’s full name (LAST, First, Middle):
Date of Birth (MM/DD/YYYY): / /
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Passport Number: P_____
Email Address*:
Phone Number:

Traveler #2’s full name (LAST, First, Middle):
Date of Birth (MM/DD/YYYY): / /
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Passport Number: P_____
Email Address*:
Phone Number:

*Email addresses will not be used for solicitation purposes

Travel Information

Country #1:
Approx. Date of Entry (MM/DD/YYYY): / /
Approx. Date of Exit (MM/DD/YYYY): / /
Name and Address of the first hotel:
Name of the Tour Operator: R. Crusoe & Son
Contact in Country, if known (phone or email):
800-585-8555

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:
Name of the Tour Operator: R. Crusoe & Son
Contact in Country, if known (phone or email):
800-585-8555

Yes, please enroll me in Smart Traveler Program. I have added an additional **\$15.00 per person** for this 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 required on your part.