

TOURIST VISA REQUIREMENTS FOR ZAMBIA (single entry)

Consular fee: \$ 50 p/person
GenVisa service fee: \$ 51 p/person
Return FedEx fee: \$ 24 p/address
Total Cost: \$125 One Person

Consular fee: \$ 50 p/person
GenVisa service fee: \$ 51 p/person
Return FedEx fee: \$ 24 p/address
Total Cost: \$226 Two People

Cost includes service fees, consular fees* and return shipping. For **double entry visa** add \$30 per person.
For delivery outside the continental 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 please contact GenVisa at 800-845-8968 for requirements and fees.
- ___ **Two (2)** recent passport **photo(s)** per person (approx. 2x2) signed on the back – no home photos / no photocopies.
- ___ **Two (2)** completed and signed **visa application** forms per person (attached).
- ___ 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 a traceable form of mail.
Important: Do not send your passport/materials more than 3 months prior to your trip date.

Processing generally takes 3-4 weeks. If you need your passport **within 21 days:** add \$45 per person for expedited service. If you are departing **within 10 days:** add \$75 per person for express service. *Consular fees and forms are subject to change without notice. **For changes in requirements and fees, updated forms, terms and conditions please check 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 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 and 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. [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. #311
WASHINGTON D.C. 20007- 4119
1-800-845-8968

R. Crusoe & Son – Zambia



**EMBASSY OF THE REPUBLIC OF ZAMBIA**2419 Massachusetts Avenue,
NW Washington, DC 20008
E-mail: consular@zambiaembassy.orgTelephone: (202) 265-9717
Facsimile: (202) 332-0826www.zambiaembassy.org**VISA APPLICATION FORM**

1. Surname:		2. First Name:		Middle Name:			
3. Date of Birth:		Place of Birth:		4. Nationality:			
5. Profession:		Business Telephone No. ()		6. Nationality of Parents at time of Birth:			
7. Passport No. Date of Issue:		8. Place of Issue: Date of Expiration:					
9. If accompanied by your spouse or children, give the following particulars: (Note: Every applicant fills out an individual form)							
Full Name (s)		Date & Place of Birth		Relationship			
10. Present Address:							
Telephone No. ()		Email:					
11. Permanent Address:							
Telephone No. ()		Email:					
12. (a) Type of Visa Requested: Tourist () Business () Church Business () Visitor () Diplomatic () Official () Student () Transit () Volunteer () Courtesy ()							
(b) Entry requested: Single () Double () Multiple ()							
(c) Date of entry into Zambia: _____							
(d) Length of Stay in Zambia: _____							
13. Final Destination of Journey in Zambia:			Address in Zambia:				
14. Expected Departure Date from Zambia:			Next Destination from Zambia:				
15. Duration and Particulars of any previous residence or visits in Zambia:							
16. If traveling on business, please list names and addresses of persons to be visited in Zambia:							
17. If visiting relatives or friends, please list names and addresses of persons to be visited in Zambia:							
18. Signature of Applicant: _____ Date: _____							
For official use only:							
Date	Tag #	Visa fee	Rush Fee	Payment	Visa #	Receipt#	Notations



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:
Contact in Country, if known (phone or email):

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:
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.

Please include STEP enrollment fees in the total payment for visa processing. Use Credit Card payment option below ONLY if you are applying for STEP enrollment separately on its own:

Credit Card Number: _____ Security Code: _____

Expiry Date (mm/yyyy): _____ Signature: _____

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.