

TOURIST VISA REQUIREMENTS FOR BRAZIL E-VISA

Government Fees:	- \$85
<u>Discounted GenVisa fee:</u>	- \$139
Total Cost for one person:	- \$224

Government Fees:	- \$170
<u>Discounted GenVisa fees:</u>	- \$278
Total Cost for two people:	- \$448

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

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

- A clear High Resolution color copy of the data page of your passport, with at least six months remaining 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. No cell phone photos!
- Clear, High Resolution Passport Photo taken within 6 months on white background without any shadows – 2”x 2”, front view, no smiling. No homemade cell phone photos, please!
- Itemized cruise itinerary (Viking Guest Statement) showing travel dates and entry and exit points in each traveler's name.
- Brazil ETA Request Form and Declaration form per person (attached).
- Payment: a check or money order payable to GenVisa in US Dollars and drawn on a US bank.

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

Important: Do not send your materials more than 3 months prior to your trip date. An E-Visa is an official authorization for a visit to Brazil for tourism purposes. Brazil E-Visa is valid for 2 years. The E-Visa is submitted online with the E-Visa approval communicated via email. You **MUST** always carry the E-Visa approval with you.

Processing takes up to 6 weeks. If you need your E-Visa **within 21 business days** (subject to approval): add **\$75 per person for expedited service**. These requirements are for nationals of United States, Canada, Australia, and Japan. For all other nationalities please contact GenVisa regarding entry requirements and fees.

***Government fees 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/viking

YOUR CONTACT INFORMATION

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Return to: Home or Business Name & c/o: _____

EXACT address: _____ Apt/Ste#: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Date your Tour Departs the US: _____ Date You Enter Brazil: _____

Your E-mail address (Important): _____ (please write in block letters)

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 see the Passport Insurance page for details (included in the visa kit) and choose one of the boxes below.

Yes, I have added an additional \$29.99 per person for the Lifetime Expedited Passport Replacement insurance. No, I decline the Lifetime Expedited Passport Replacement insurance

Send materials to:

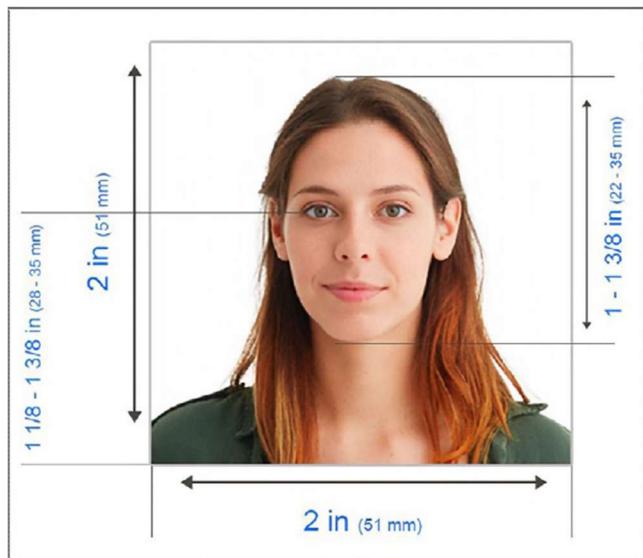
GENERATIONS VISA SERVICE
5335 WISCONSIN AVE N.W. #380
WASHINGTON D.C. 20015-2030
1-800-845-8968

Viking - Brazil (E-Visa)



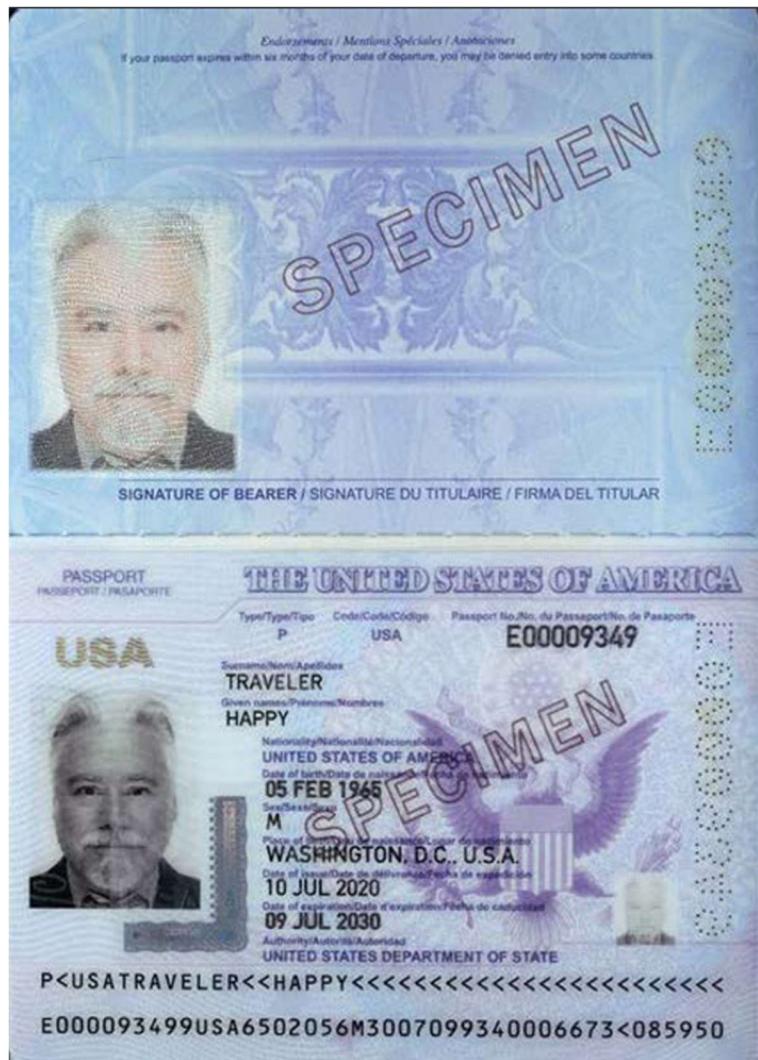
PROPER FORMAT – PASSPORT PHOTO

EXAMPLE OF APPROPRIATE PASSPORT PHOTO



PROPER FORMAT – PASSPORT COPY

EXAMPLE OF APPROPRIATE PASSPORT COPY



Dos and Don'ts

HAVE AN EVEN EXPOSURE (MUST NOT BE TAKEN UNDER DIRECT LIGHTING)	 
HAIR MUST NOT COVER EARS, EYEBROW OR EYES	 
DO NOT WEAR GLASSES OR HEAD COVERING AND ENSURE NO TEETH ARE VISIBLE	 
FULL FACE WITH UPPER SHOULDERS SEEN, FACING FORWARD WITH EYES OPEN	 
IN COLOUR TAKEN AGAINST PLAIN WHITE BACKGROUND WITHOUT SHADOWS	 
YOU SHOULD FACE THE CAMERA DIRECTLY	 

Important notes:

size 3.5 x 4.5 cm (413 x 531 pixels)

BRAZIL E-VISA REQUEST FORM

PERSONAL INFORMATION

Last name:					Given Name:		
Date Of Birth:					Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Marital status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widow <input type="checkbox"/>	Place of birth:		
Former Names:					Email Address:		
Street Address (No P.O Boxes)					City, State & Zip code:		
Profession/Occupation:					Other Nationalities?		

PARENT INFORMATION

Mother's Full Name:		Father's Full Name:	
Mother's Date of Birth:		Father's Date of Birth:	
Mother's Nationality:		Father's Nationality:	
Mother's Previous Nationality:		Father's Previous Nationality:	

TRAVEL HISTORY

Have you ever been to Brazil?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date of Previous Entry to Brazil:		Date of Previous Exit to Brazil:	

Additional details of previous trips (Places of visit, names of hotels, etc.):

TRAVEL DETAILS				
Date of Departure from US:		Date of Arrival into Brazil:		
Date of Departure from Brazil:		Purpose of Visit:	TOURISM <input type="checkbox"/>	BUSINESS <input type="checkbox"/>
Method of Arrival:	AIR <input type="checkbox"/>	SEA <input type="checkbox"/>	LAND <input type="checkbox"/>	
QUESTIONNAIRE				
Have you ever had a denied Brazilian Visa?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been expulsed or deported from Brazil?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been accused of practicing terrorist acts, genocide, crimes against humanity, war crimes or crimes of aggression in the term established by the Rome Statute of the International Crime Court?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been arrested or convicted for any offense or willful crime, even though subject of pardon, amnesty, or other similar action?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever had your name included in a sanction list by Brazilian government or by an international organization?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever violated the principles or the objectives of the Brazilian Federation Constitution?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever had a restraining order or protective order against you, related to a person who currently is in Brazil?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have a communicable disease of public health significance?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a Brazilian visa?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes to any of the questions above, please provide details here:				

DECLARATION FORM

I am aware of and consent to the following: any personal data concerning me that appears on this visa application form will be supplied to the relevant authorities in Brazil and processed by those authorities, if necessary, for a decision on my visa application.

I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Brazilian State that deals with applications.

I undertake to leave the territory of Brazil upon expiration of the visa if granted.

I have been informed that possession of a visa is only one of the prerequisites for entry into the territory of Brazil. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with relevant provisions of the laws of Brazil. The prerequisites for entry will be checked again on entry into the territory of Brazil.

By signing below, I agree with the above statements.

Name:

Signature:

Date:



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: _____

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:

- 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: Viking Cruises
877-523-0579

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: Viking Cruises
877-523-0579

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 necessary on your part.