

# TOURIST VISA REQUIREMENTS SAO TOME & PRINCIPE

**Total cost  
One person  
\$138**

**Total cost  
Two people  
\$257**

**Cost include service fees, consular fees\* and return shipping**  
For delivery **outside the contiguous 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, including adding extra visa pages, please contact GenVisa at 1-800-845-8968 for requirements and fees.
- \_\_\_ **One (1)** recent passport style picture per person. **Non-passport photographs are not acceptable!**
- \_\_\_ **One** completed and **signed** visa application form per person (attached).
- \_\_\_ Copy of your round trip airline tickets, or **itinerary or e-ticket**, or letter of confirmation from a travel agent.
- \_\_\_ Copy of **International Certificate of Vaccination** for Yellow Fever required.
- \_\_\_ **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.

If you need your passport **within 14 days:** add \$45 per person, **within 7 days:** call GenVisa prior to sending your materials. These requirements are for U.S. passport holders, for all other nationalities call for entry requirements. \*Consular fees are subject to change without notice. For current requirements, terms and conditions, updated forms and fees please check at [www.genvisa.com](http://www.genvisa.com)

## **YOUR RETURN SHIPPING ADDRESS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Return to:  Home or  Business (**recommended for security reasons**) Name & c/o: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date you need your passport: \_\_\_\_\_ Your E-mail address (**Important**): \_\_\_\_\_

Date **THIS TOUR** Departs U.S.: \_\_\_\_\_

**Optional insurance:** \$8.00 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 \$8.00 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. #226**  
**WASHINGTON D.C. 20007- 4119**  
**1-800-845-8968**





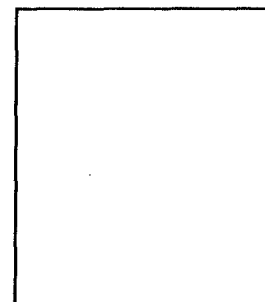
Embassy of São Tomé e Príncipe  
 1211 Connecticut Avenue, NW, Suite 300  
 Washington, DC 20036

**PEDIDO DE VISTO  
 VISA APPLICATION FORM**

Please complete the form in black ink. Check the boxes that apply and attach:

- ✓ Valid passport
- ✓ Two recent passport size pictures

TRANSIT	ORDINARY	WORK PERMIT	RESIDENT PERMIT
TRÂNSITO	ORDINÁRIO	TRABALHO	FIXAÇÃO DE RESIDÊNCIA



**PERSONAL DETAILS**

Dados Pessoais

1. Name: \_\_\_\_\_ 2. Surname: \_\_\_\_\_ 3. Sex: M  F   
Nome Apellido Sexo

4. Date of Birth (dd/mm/yy): \_\_\_\_\_ 5. Nationality: \_\_\_\_\_ 6. Nationality of Origin \_\_\_\_\_  
Data de nascimento Nacionalidade Nacionalidade de origem

7. Place of Birth: \_\_\_\_\_ 8. Country of Birth: \_\_\_\_\_ 9. Other nationalities: \_\_\_\_\_  
Local de nascimento País onde nasceu Outras nacionalidades

10. Father's name: \_\_\_\_\_ 11. Mother's name: \_\_\_\_\_  
Nome do pai Nome da mãe

12. Marital status: Single  Married  Separate  Divorced  Widowed   
Estado civil Solteiro(a) Casado(a) Separado(a) Divorciado(a) Viúvo(a)

13. Mailing address: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Endereço fixo Tel

14. Trade or Profession: \_\_\_\_\_ 15. Employer: \_\_\_\_\_  
Ocupação ou profissão Entidade patronal

16. Office/Employer's address: \_\_\_\_\_ Tel: \_\_\_\_\_  
Escritório/Endereço da entidade patronal Tel

17. Individual traveling with: \_\_\_\_\_  
Pessoas que o(a) acompanham

18. Person, company or Institution to be contacted in São Tomé: \_\_\_\_\_  
Pessoa, companhia ou instituição a contactar em São Tomé

19. Name of persons who can provide information: (Name of references, address and nationality phone/fax) \_\_\_\_\_  
Nome da pessoa que pode fornecer informações

\_\_\_\_\_ Intended length of stay in São Tomé \_\_\_\_\_  
Período de permanência em São Tomé

**PASSPORT INFORMATION**

Informação sobre o passaporte

20. Ordinary passport \_\_\_\_\_ Diplomatic/Official passport \_\_\_\_\_ Other document: \_\_\_\_\_ Passport No. \_\_\_\_\_  
Passaporte ordinário Passaporte diplomático/oficial Outro documento No. do passaporte

21. Name of issuing authority \_\_\_\_\_ 22. Issue date (dd/mm/yy): \_\_\_\_\_ 23. Valid until (dd/mm/yy): \_\_\_\_\_  
Nome da entidade emissora Data de emissão Validade

Signed \_\_\_\_\_

Date \_\_\_\_\_

Note/Comments \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Pagou: ..... Cheque No.   Cash .....
No. do Visto: .....
Data: .....
Parecer dos Serviços Consulares
_____
O Encarregado para os Assuntos Consulares
_____