

# TOURIST VISA REQUIREMENTS FOR SRI LANKA (ETA)

Please review eligibility and entry requirements (page 2)

Total cost  
One person  
\$104

Total cost  
Two people  
\$208

Cost includes service fees, government fees\* and return shipping by First Class mail or email

Please complete and **return this form** with the requested materials to Genvisa by mail to the address below, via Fax **(202) 337-3447** or email at [info@genvisa.com](mailto:info@genvisa.com).

\_\_\_ Clear copy of the data page of your passport.

\_\_\_ ETA application form (pages 3-4)

\_\_\_ **Payment:** a check or money order payable to GenVisa in US Dollars and drawn on a US bank or

I authorize GenVisa to charge my credit card for the following payments (**please add 3 % credit card transaction fee to the total amount**): \$ \_\_\_\_\_ US Dollars.

By signing below, I understand and acknowledge the charges in the amount listed above. I acknowledge payment in full is to be made when billed or in extended payment in accordance with the standard policy of the company issuing the credit card. I waive my right to dispute these charges. For security reasons this information will not be stored by GenVisa.

Card # \_\_\_\_\_ CC Holder Name: \_\_\_\_\_

Card Exp. Date: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important: Do not send your passport/materials more than 3 months prior to your trip date. Short term ETA visa is valid for three months for double entry of up to 30 days per visit and is issued electronically. No visa stamps or labels are put in your passport.**

Processing takes 7-10 days. If you need your ETA **within 2 business days**: add \$25 per person for expedited service. These requirements are for all nationals except nationals of Singapore and the Maldives. \*Government fees are subject to change without notice.

## YOUR RETURN SHIPPING ADDRESS

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

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

Send materials to:  
**GENERATIONS VISA SERVICE**  
**2233 WISCONSIN AVE N.W. #226**  
**WASHINGTON D.C. 20007-4119**  
**1-800-845-8968**

Sri Lanka - ETA



# Sri Lanka ETA Eligibility

An Electronic Travel Authority (ETA) is an official authorization for a stay up to 30 days in Sri Lanka. The visa is valid for three months for double entry of up to 30 days per visit and is issued electronically. The ETA is submitted online via the ETA website and the ETA approval (acknowledgement) will be provided to the client via email or by First Class mail.

All Nationalities are eligible to apply for an ETA except nationals of Singapore and the Maldives.

## Sri Lanka ETA Entry Requirements

- ✓ Copy of ETA approval notice (receipt) provided by GenVisa
- ✓ Original, signed passport valid for 6 months beyond your stay in Sri Lanka, with at least one blank visa page available for stamp(s). Amendment pages in the back of the passport are not suitable for visa/entry stamps. The Sri Lanka visa (ETA) is processed electronically and will not be stamped inside the passport.

*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.*

- ✓ Evidence of sufficient funds to support themselves while in Sri Lanka.
- ✓ Copy of confirmed onward or return airline ticket.
- ✓ Proof of hotel accommodation or an invitation from the host in Sri Lanka

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## ETA Application for Tourist Purpose – Individual

### Applicant Information – Individual Application – Tourist ETA

Surname / Family Name\*

Other / Given Names\*

Title\* Mr.  Mrs.  Miss.  Ms.  Rev.  Dr.  Master

Date of Birth\* Year  Month  Day

Gender\* Male  Female

Nationality\*

Country of Birth\*

Occupation

Passport Number\*

Passport Issued Date\* Year  Month  Day

Passport Expiry Date\* Year  Month  Day

### Child Information

	Surname/Family Name*	Other/Given Names*	Date of Birth* yyyy/mm/dd	Gender*	Relationship*
1					
2					
3					
4					
5					
6					

### Travel Information

Intended Arrival Date* yyyy/mm/dd	Purpose of Visit*	Port of Departure	Flight Number & Name of Airline / Vessel
	<input type="checkbox"/> Visiting friends and relatives. <input type="checkbox"/> Sightseeing or Holidaying. <input type="checkbox"/> Medical treatment. <input type="checkbox"/> Participation sports, cultural performance.		

### Contact Details

Address in the Country & Domicile					Address in Sri Lanka*
Number & Street*	City*	State*	Zip/Postal Code	Country	

E- mail Address	Telephone Number*	Mobile Number	Fax Number

### Declarations

Do you have valid resident VISA?\*      Yes       No

Are you currently in Sri Lanka and possess an ETA\*      Yes       No

Do you have valid multiple entry VISA?\*      Yes       No

**\* Mandatory Fields**

I solemnly declare that the information furnished by me in this application is true and I have not willfully suppressed any information that is required, that in the event of issue of visa I shall comply with the terms and conditions subject to which the visa is granted, and that I shall not engage myself in any employment, paid or unpaid, or in any business or trade other than the purpose of visit is granted, and that I shall notify the Controller of Immigration and Emigration of any change in my addresses during my stay in Sri Lanka.

Date: .....

.....  
Signature of applicant



# 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**

<b>Country #1:</b>
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):

<b>Country #2 (if applicable):</b>
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.**