

TOURIST VISA REQUIREMENTS SUDAN

**Total cost
One person
\$224**

**Total cost
Two people
\$429**

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 **two completely blank "visa" pages** & **twelve** 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.
- A **Visa Approval** from the Sudan Ministry of Foreign Affairs. The visa approval should be obtained on your behalf by a relative/friend, sponsoring company or organization in Sudan, or an approved hotel/travel agency in Sudan. Click here www.sudan.net for a list of Hotels and Travel Agencies that can assist with this process. The applicant should plan their travel carefully as the waiting time for the approval and visa can be 4-8 weeks.
- A copy of the applicant's **recent bank statement** or evidence of adequate finance.
- **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 21 days:** add \$45 per person, **within 14 days:** call GenVisa prior to sending the 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

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

GVS – Sudan – 2014





Application for Visa

Telephone (home): (____) ____ - _____

Telephone (work): (____) ____ - _____

Full Name: _____

Sex: M ____ F ____

Nationality: _____

Occupation: _____

Date of Birth: _____

Place of Birth: _____

Present Address: _____

Address in Sudan: _____

Destination(s) in Sudan: _____

Period of stay: _____

Purpose of visit: _____

Date of arrival in Sudan: _____

Passport number: _____

Place of issue: _____

Date of issue: _____

Valid until: _____

Names and complete addresses of 2 references in Sudan

Name: _____

Address: _____

Name: _____

Address: _____

Duration of previous residence in Sudan and last address before leaving Sudan:

Name of country (other than Sudan) for which applicant holds a valid permit to enter:

Names of children under sixteen (16) year accompanying the applicant:

Name:	Age:	Sex:	
_____	_____	M _____	F _____
_____	_____	M _____	F _____
_____	_____	M _____	F _____

Signature of Applicant

Place and Date



For Official Use Only

Approved by: _____

Receipt #:

Date Received: