



# ***Belarus***



***Visa & Passport  
Information Enclosed***

# TOURIST VISA REQUIREMENTS FOR BELARUS

**Total cost  
One person  
\$209**

**Total cost  
Two people  
\$399**

Cost includes 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 **photo** per person (approx 2x2) – **no** home photos / **no** photocopies.
- **One (1)** completed and signed visa application form per person ([click to download](#))
- An original or a copy of a **letter of invitation from a belarusian travel agency**. Hosting organization should be registered as a tourist company by the Belarusian authorities.
- **Payment:** credit card, check or money order payable to: **Generations Visa Service** (U.S. Dollars).  
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 tour departure date.**

If you need your passport **within 21 days**: add \$45 per person for expedited service. If you need your passport **within 7 days**: add \$195 per person for expedited service. **\*Consular fees and forms are subject to change without notice.** For current requirements, updated forms and fees please check online at [www.genvisa.com/exeter](http://www.genvisa.com/exeter)

## **YOUR RETURN SHIPPING ADDRESS – No P.O. boxes, please**

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 passport: \_\_\_\_\_ Your E-mail address (**Important**): \_\_\_\_\_

Date **THIS TOUR Departs the US**: \_\_\_\_\_

**Optional insurance:** \$8.00 per passport: in the unlikely event that your passport is lost or damaged in transit from GenVisa. This will cover your full out of pocket visa(s) and passport 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. [FedEx 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.]

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

**Exeter - Belarus - 2012**





## VISA AND PASSPORT PROCESSING

**GenVisa Contact** Ilya Buravtsov **Date:** \_\_\_\_\_

Credit Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Visa, MasterCard, Discover Security Code: (3 digits in the signature field on back of card): \_\_\_\_\_

Amex Security Code: (four-digit code on front of card, right side): \_\_\_\_\_

Card Holder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephones: Day: \_\_\_\_\_ Eve: \_\_\_\_\_

This form certifies that I am the above-referenced cardholder and that I authorize **Generations Visa Service** to charge my credit card for the following payments:

NONREFUNDABLE visa processing fees in the amount of \$\_\_\_\_\_ US Dollars. Please charge on the date of \_\_\_\_\_.

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.

Under the laws of the state of \_\_\_\_\_, I certify the foregoing is true and correct.

Card Holder Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

2233 Wisconsin Ave N.W. # 226, Washington, DC 20007, USA  
Phone: (800) 845-8968 | (202) 337-7080 Fax: (202) 337-3447