

Ethiopia Visa Instructions for Adventure Center Clients

G3 Visas & Passports
3300 North Fairfax Dr., Ste 220
Arlington, VA 22201
Tel: (888) 883-8472, (703) 276-8472
Fax: (703) 524-3374
Email: info@g3visas.com

Please send the following to G3 Visas & Passports:

1. **Please submit your original valid and signed passport** (The passport must have at least one blank visa page for the visa and must be valid for 6 months from the end of your trip).
2. One visa application form completed and signed.
3. One 2" x 2" passport size photograph.
4. Non US citizens submit valid I-94 or a copy of your Alien Registration Card.
5. Copy of flight itinerary from Adventure Center.

Please send this sheet with all fields completed; only one is required per family.

Contact and Shipping Information:

(Street Address Only, NO P.O. BOXES)

Name _____

Address _____

City _____

State _____

Zip Code _____

Tel # _____

Fax # _____

Date of Birth _____

Passport # _____

Date Departing US _____/_____/_____

Date Passport Needed _____/_____/_____

Email Address : _____

(We will email you the tracking number when your visas are complete.)

Shipping Fees:

All return shipping fees are included. Your passport will be returned via Federal Express. Federal Express cannot deliver to P.O. Boxes; please provide your home street address or work address.

Fees:

*Payment includes Embassy fee, service fee, and return shipping via Federal Express. **Visas will take three weeks to process.***

One entry with 90 day stay \$ 142.00

This visa is valid for 3 months from the date of issue

Number of Travelers x \$142.00 \$ _____

- Please submit an **expedite fee of \$40.00 per traveler** if you require your passport returned **in less than three weeks.**
- Consular fees subject to change without notice.

Payment Information:

All fees are payable to G3 Visas by:

- American Express
- Visa/MasterCard
- Check/Money Order

Requirements and fees are subject to change without prior notice.

I authorize G3 Visas to charge the amount of \$ _____

plus a 5% processing fee to my credit card number

Expiration date _____/_____/_____ Security Code _____

Signature of cardholder _____

11/2009

*



PLEASE TYPE OR PRINT YOUR ANSWER IN THE SPACE PROVIDED BELOW EACH ITEM.

REQUEST No. _____

FIRST NAME MIDDLE NAME LAST NAME

SEX MALE FEMALE DATE OF BIRTH *D*...../*M*...../*YY*..... COUNTRY OF BIRTH

CURRENT NATIONALITY ORIGINAL NATIONALITY (NATIONALITY AT BIRTH)

PASSPORT TYPE ORDINARY SERVICE DIPLOMATIC TRAVEL DOCUMENT OTHER

PASSPORT NUMBER ISSUE DATE *D*...../*M*...../*YY*..... EXPIRATION DATE *D*...../*M*...../*YY*.....

HOME/MAILING ADDRESS

CITY/TOWN STATE/REGION ZIP/POSTAL CODE COUNTRY

DAY TEL. EVENING TEL. FAX E-MAIL

CURRENT OCCUPATION

PURPOSE OF TRAVEL TOURISM/FAMILY VISIT BUSINESS OFFICIAL TRANSIT OTHER

DATE OF DEPARTURE FROM USA DATE OF ARRIVAL IN ETHIOPIA BORDER OF FIRST ENTRY

DURATION OF STAY IN ETHIOPIA ENTRIES: SINGLE DOUBLE MULTIPLE

ADDRESS IN ETHIOPIA HOTEL: HOTEL NAME
HOTEL TELEPHONE NUMBER

CONTACT PERSON IN ETHIOPIA
TELEPHONE NUMBER

FAMILY ACCOMMODATION: CITY REGION
ZONE K. KETEMA (WOREDA)
KEBELE HOUSE NO.
TELEPHONE

PHOTO

ATTACH ONE
PASSPORT SIZE
PHOTOGRAPH.

*WRITE YOUR NAME ON
THE BACK OF THE
PHOTOGRAPH.*

CHILDREN/DEPENDENTS ON THE SAME PASSPORT

	FIRST NAME	MIDDLE NAME	LAST NAME	SEX	BIRTH DATE (D/M/YY)	BIRTH PLACE
1						
2						
3						
4						
5						

I, THE UNDERSIGNED, DECLARE THAT ALL THE ABOVE-MENTIONED STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S NAME APPLICANT'S SIGNATURE DATE

DO NOT WRITE IN THIS SPACE
FOR OFFICIAL USE ONLY/ TO BE FILLED IN AT HEAD OFFICE

VISA NUMBER VISA TYPE DATE OF ISSUE EXPIRATION DATE

PROCESSED BY NAME SIGNATURE DATE

APPROVED BY NAME SIGNATURE DATE