



G3 Global Services
888.866.8472
ATJ@g3visas.com

Email the following items to ATJ@g3visas.com:

- A scan of your original valid signed passport. It must be valid for more than six months beyond the end date of your trip.
- Completed Sri Lanka ETA Questionnaire (attached). You may save your answers on this file and email directly to G3.
- This cover sheet with all fields completed. Only one cover sheet is required per family.

Please Note: These instructions are applicable to citizens of USA, Canada and the European Union. If you hold a different citizenship, please contact ATJ@g3visas.com for confirmation of requirements.

Contact and Shipping Information:

Provide a street address for FedEx delivery - no P.O. boxes.

Name _____
 Address _____
 City _____ State _____ Zip _____
 Daytime Telephone _____
 Mobile Telephone _____
 Email _____
Your completed e-Visa will be sent to you via email.

Shipping Fees: Your ETA visa will be returned to you via email. If you would prefer to have a hard copy of the e-Visa sent to you by first-class mail, please make a note of it below.

Travel Information:

Date of US Departure _____/_____/_____
 Date Passport Needed _____/_____/_____
 Names of additional travelers in your family group:

 ATJ Trip Coordinator _____

Special Notes:

Delivery instructions, additional services, etc.

Fees: Payment includes consular fee and service fee.

Visas will be valid for 3 months from the date of issue for two entries with a 30 day stay. Consular fees are subject to change without notice.

	FEE	# Travelers	TOTAL
<input type="checkbox"/> Sri Lanka ETA Visa 7 Business Day Processing	<input type="text"/>	x <input type="text"/>	= <input type="text"/>

Payment Information:

All fees are payable to G3 by:

- Credit Card: American Express, Visa, or MasterCard
- Check or Money Order payable to G3 Global Services

For Payment Via Credit Card:

I authorize G3 to charge the amount of \$_____ plus a 5% convenience fee to my credit card.

Visa/MasterCard: ---

Exp. Date: ____/____ Security Code: OR

American Express: --

Exp. Date: ____/____ Security Code:

Name as it appears on the card _____

Billing Address _____

City _____ State _____ Zip _____

Signature: _____



YOUR CONTACT INFORMATION:

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Home Fax, if any: _____

Home Email: _____

Name of Employer or School: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Work Telephone: _____ Work Fax, if any: _____

Work Email: _____

ETA Questionnaire