



TriStar Tours Inc.

CHRISTIAN TOURS SPECIALIST

EGYPT VISA INFORMATION

FULL NAME: _____
(As it appears in your passport)

ADDRESS: _____

TEL. NUMBER: _____

PLACE AND DATE OF BIRTH: _____

OCCUPATION: _____

PASSPORT NUMBER: _____

PLACE ISSUED: _____

DATE ISSUED: _____ **EXPIRATION DATE:** _____

PLEASE PROVIDE US WITH THE ABOVE INFORMATION IN ORDER FOR US TO ISSUE A GROUP VISA FOR YOUR VISIT TO EGYPT.

FOR NON US CITIZENS, PLEASE CONTACT THE EGYPTIAN CONSULATE NEAREST YOU. YOU MUST APPLY FOR A VISA DIRECTLY THROUGH THEM.
