Nigerian Visa White Glove Service

An additional \$50 White Glove fee per person applies and this is paid directly to World Visa Travel.

Personal Information	
Title*:	
Last (Surname)*:	
First Name*:	
Middle Name*:	
Gender*:	
Marital Status*:	
Email*:	
Date of Birth (dd-mm-yyyy)*:	
Place of Birth*:	
Present Nationality*:	
Previous Nationality*:	
Color of Hairs*:	
Color of Eyes*:	
dentification Marks*:	
Height (in cm)*:	

Α	ddress 1*:
Δ	ddress 2:
C	ity*:
C	ountry*:
S	tate*:
P	ostal Code:
P	ermanent Phone Number*:
P	rofession*:
-	
C	Office Address 1*:
C	Office Address 2:
C	ity*:
C	ountry*:
S	tate*:
P	ostal Code:
C	Office Phone:
- If	you have served in the military, please state
Ir	n:
F	rom Date (dd-mm-yyyy):
Т	o Date (dd-mm-yyyy):
- P	assport Information
	ssuing Country*:
	assport Number*:

Date of Issue (dd-mm-	-уууу)*:						
Date of Expiry (dd-mn	า-уууу)*:						
Place of Issue*:							
Visa Processing Inform	<u>nation</u>						
Type of Visa Held*:	Business	Transit	Tourist/Visitor	Official			
	Temporary \	Work Permit (TWP)	Subject to	Regularization (STR)			
Country Applying Fron	n*:						
Embassy of Preference	e (Where appli	cable)*:					
Purpose of Journey*:							
Number of entries req	Number of entries required*: Single Multiple						
Number of Entries (in	Number of Entries (in numbers)*:						
Intended Duration of	Stay (in days)*:	:					
Proposed Date of Trav	Proposed Date of Travel (dd-mm-yyyy)*:						
Mode of travel to Nigeria:							
How much money do	you have for th	nis trip (USD)*:					
If the purpose of your	journey to Nig	eria is for employn	nent, state				
Name of Employer:							
Position to be occupie	ed:						
Full description of job:							

Give particulars of the employment of parents and/or spouse in Nigeria (if applicable)
Name of Employer:
Phone Number of Employer:
Employer's Address
Address 1:
Address 2:
City:
Country:
State:
Postal code:
How long has your parents/spouse been in Nigeria (in months):
Intended Address in Nigeria
Address 1*:
Address 2:
City*:
Country*:
State*:
LGA:
District:
Postal code:
Previous Application
Have you ever applied for Nigerian Visa?

If Yes, where did you apply for the Visa?

Was the Visa Granted or Rejected?
If Rejected, please provide reason:
Have you ever visited Nigeria?
If Yes, for what reason?
State the period of the previous visits to Nigeria and address at which you stayed
Period 1
From (dd-mm-yyyy):
To (dd-mm-yyyy):
Address 1:
Address 2:
City:
Country: Nigeria
State:
LGA:
District:
Postal code:
Period 2
From (dd-mm-yyyy):
To (dd-mm-yyyy):
Address 1:
Address 2:
City:
Country: Nigeria

State:
LGA:
District:
Postal code:
Period 3
From (dd-mm-yyyy):
To (dd-mm-yyyy):
Address 1:
Address 2:
City:
Country: Nigeria
State:
LGA:
District:
Postal code:
<u>Travel History</u>
How long have you lived in the country from where you are applying for Visa (in Years)?*
Have you ever been infected by any contagious disease (e.g. Tuberculosis) or suffered serious mental illness?*

Have you ever been arrested or convicted

Have you ever been involved in

narcotic activity?*

for an offence (even though subject to pardon)?*

Have you ever been deported?*
Have you sought to obtain Visa by misrepresentation or fraud?*
Give a list of countries you have lived for more than one year
Period 1
Country:
City:
Date of Departure (dd-mm-yyyy):
Period 2
Country:
City:
Date of Departure (dd-mm-yyyy):
Period 3
Country:
City:
Date of Departure (dd-mm-yyyy):
Give a list of the countries you have visited in the last 12 months
Period 1
Country:
City:
Date of Departure (dd-mm-yyyy):
Period 2

Country:
City:
Date of Departure (dd-mm-yyyy):
Period 3
Country:
City:
Date of Departure (dd-mm-yyyy):
I understand that I will be required to comply with the immigration / Alien and other laws governing entry of the immigrants into the country to which I now apply for Visa / Entry Permit
* - Compulsory fields
Submission
Any false declaration on this form may lead to the withdrawal or prosecution of the applicant.
Date: Signature: