



DAVEYEMITE TRAVELS LIMITED

Head Office: Gbaagi Junction, Ilupeju Estate, Aba Alfa,
Off Olorunda – Abaa Road, Akobo Ojurin, Ibadan, Oyo State.
Contact: +447415463075, +2347089908306, +2349035173282

Application ID

CONSULTANT/STAFF DETAIL:

State Date (DD,MM,YYYY)	<input type="text"/>	Consultant Name	<input type="text"/>
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CLIENT'S PERSONAL DETAILS

Please complete all items either by inserting the correct information or ticking /circling the relevant item. Please complete this form in BOLD letters.

Surname		First Name	
Middle Name		Date of Birth	
Title	Prof	Dr	Adv.
	Mr.	Mrs.	Ms.
	Others		
Preferred Name /Nickname		Initials	
State of Origin	State	LGA	Gender
			Male Female
Marital Status		Previous Surname	
Preferred Language		Home Language	

CITIZENSHIP

Passport Number		Citizenship	By birth
Dated Issued (DD/MM/YY)			Permanent Residence / Naturalization
Date Expiring (DD/MM/YY)			Others
Country of Issue		Nationality	
NIN Number			

ADDRESS DETAILS

Permanent Address		Residential Address	Same as permanent address
Street Address Line 1			Yes No
Street Address Line 2		If No: Address Line 1	
		Address Line 2	
City		P.O Box	
Provnce		City	
Telephone (H)		Other No	
Whatsapp No		Email	

NEXT-OF-KIN DETAILS / EMERGENCY CONTACT 1

Name		Relationship	
Primary Contact (Note: Please mark only one contact as primary)		Address & Phone same as applicant	Yes No
Residential Address		Postal Address	
Street Telephone (H)		Street Telephone (W)	
Call Number		Email	

SPOUSE INFORMATION

Spouses Full Name		Spouse Birth Date (DD/MM/YYYY)	/ /
Passport I.D		Maiden Name	
Nationality		Profesional	
Traveling Experience			

DEPENDANTS

Dependant 1					
Full Name			Birth Date		
Passport I.D			Relationship		
Gender	Male	Female	Medically Dependant	Yes	No
Dependant 2					
Full Name			Birth Date		
Passport I.D			Relationship		
Gender	Male	Female	Medically Dependant	Yes	No
Dependant 3					
Full Name			Birth Date		
Passport I.D			Relationship		
Gender	Male	Female	Medically Dependant	Yes	No
Dependant 4					
Full Name			Birth Date		
Passport I.D			Relationship		
Gender	Male	Female	Medically Dependant	Yes	No

COUNTRY OF INTEREST

CANADA	<input type="checkbox"/>	UNITED STATE OF AMERICA	<input type="checkbox"/>
AUSTRALIA	<input type="checkbox"/>	UNITED KINGDOM	<input type="checkbox"/>
EUROPE	<input type="checkbox"/>	UNITED ARAB EMIRATE	<input type="checkbox"/>
ISRAEL	<input type="checkbox"/>	OTHERS	<input type="checkbox"/>

PURPOSE OF TRAVELING

STUDY	<input type="checkbox"/>
WORK	<input type="checkbox"/>
VISITING TOURISM	<input type="checkbox"/>
MEDICAL CHECK UP	<input type="checkbox"/>
RELOCATE	<input type="checkbox"/>
BUSINESS PURPOSE	<input type="checkbox"/>

BRIEF REASONS

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PREVIOUS EMPLOYMENT (LIST YOUR MOST CURRENT JOB EXPERIENCE FIRST)				
Company			Phone	()
Address			Supervisor	
Job Title		Starting Salary (\$)		Ending Salary (\$)
Responsibilities				
From	To	Reason for Leaving		
Company:		Phone ()		
Address :		Supervisor		
Job Title:		Starting Salary (\$)	Ending Salary (\$)	
Responsibilities				
From	To	Reason for Leaving		

QUALIFICATION : (Please start with the highest qualification)

Tertiary Education 1						
Institution						
Qualification Obtained						
Highest Qualification	Yes	No	Date Obtained (DD/MM/YYYY)	/ /		
Majors/ Specialization				Graduated	Yes	No
Tertiary Education 2						
Institution						
Qualification Obtained						
Highest Degree	Yes	No	Date Obtained (DD/MM/YYYY)	/ /		
Majors/ Specialization				Graduated	Yes	No
Tertiary Education 3						
Institution						
Qualification Obtained						
Highest Degree	Yes	No	Date Obtained (DD/MM/YYYY)	/ /		
Majors/ Specialization				Graduated	Yes	No

MEMBERSHIP OF PROFESSIONAL BODIES

Membership of Professional Bodies 1			
Society Name		Post Held (If Any)	
Type of Membership		Date Joined (DD/MM/YYYY)	/ /
Membership of Professional Bodies 2			
Society Name		Post Held (If Any)	

Type of Membership		Date Joined (DD/MM/YYYY)	/ /
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SERVICE INTEREST

VISA APPLICATION	<input type="checkbox"/>	TICKET BOOKING	<input type="checkbox"/>
ADMISSION / SCHOLARSHIP PROCESS	<input type="checkbox"/>	AIRPORT PICKUP	<input type="checkbox"/>
EMPLOYMENT PLACEMENT	<input type="checkbox"/>	PROOF OF FUND	<input type="checkbox"/>
IMMIGRATION LEGAL ISSUE ASSISTANT	<input type="checkbox"/>	ACCOMODATION	<input type="checkbox"/>
PERMANENT RESIDENT	<input type="checkbox"/>	INSURANCE	<input type="checkbox"/>
CITIZEN BY INVESTMENT	<input type="checkbox"/>	SEMINARY/WORKSHOP/TRAINING	<input type="checkbox"/>

DECLARATION

I..... hereby declare that information given above are true, correct and to the best of my knowledge. Same can be use to process my application and also for the records.

Signature **Date**

PAYMENT HISTORY	
Date	Amount

PASSPORT HERE

FOR OFFICE USE ONLY

PRE-PROCESSING	POST-PROCESSING

Final Remark: _____