

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*:

Identification Marks*:

Height (in cm)*:

Address 1*:

Address 2:

City*:

Country*:

State*:

Postal Code:

Permanent Phone Number*:

Profession*:

Office Address 1*:

Office Address 2:

City*:

Country*:

State*:

Postal Code:

Office Phone:

If you have served in the military, please state

In:

From Date (dd-mm-yyyy):

To Date (dd-mm-yyyy):

Passport Information

Issuing Country*:

Passport Number*:

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:

Travel History

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

Have you ever been involved in narcotic activity?*

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: