

APPLICATION FORM FOR VISA/ENTRY PERMIT

Form Imm. 22

Photograph

1.	Surname/ Name (MR/MRS/MISS) :				
2.	Gender	Marital status			
3a.	Present Nationality	3b.Previous Nat	tionality		
4a.	Date of Birth (day/month/year)	4b. Place of Bir	th		
5.	Residential Address				
	Telephone Number				
	E-mail address:				
6.	Office Address				
	Telephone number.				
7.	Profession.				
8.	State what branches of the Armed Forces of your country you have served in or are serving in to				
9.	Colour of HairColour of Ey	/es	Height		
10.	Visible Identification marks.				
11.	Passport NoDate of IssueDate of Expiry				
	Place of Issue				
12.	Purpose of journey (please give full details)Type of Visa requested:				
13.	Number of entries required	Single	Multiple		
14.	Intended duration of stay				
15.	Proposed date of trip (day/month/year)	15	o. Mode of travel t	o Nigeria	

16.	Indicate how much money is available for your trip					
17. If yo	our reason for journey is for employment, state:					
	a. Name of Employer.					
	b. Post to be occupied.					
	c. Give a full description of job.					
18.	Persons joining spouse, parents or relatives, should give full particulars of employment of parents or spouse in Nigeria including the address where they reside.					
19.	How long has/have spouse/parents been in Nigeria.					
20.	Your intended address in Nigeria (Not P.O.Box)					
21.	Have you ever applied for a Nigerian visa before? Yes \(\square\) No \(\square\)					
22.	Where did you apply for visa?					
23.	Indicate whether visa was granted or rejected.					
24.	Give reason if visa was rejected.					
25.	Have you ever visited Nigeria? Yes No					
26.	If yes, was it for: i. Tourism ii. Business iii. Temporary employment iv. Residency v. Transit					
27.	State the period of these visits and the Addresses at which you stayed: From to Address i. ii. iii					
28.	How long have you lived in the country where you are applying for visa/entry permit?					
29.	Have you ever: a) Been infected by any contagious disease (e.g. Tuberculosis) or suffered serious mental illness? Yes					
	f) Tested positive to H.I.V AIDS? Yes No If yes, please state status					

30.	Give a list of the cour Country	ntries you have lived in for more the City	han a year during the last year: Date		
	•••••	•••••			
31.	Which countries have you visited during the last twelve (12) months: Countries City Date				
		•••••			
	fee is non-refundable		Signature		
For o	fficial use only:				
Dat	te	Remarks (for	official use only)		
Date	AC.	Remarks (101	official use only)		