DOCUMENT PREPARATION SERVICE - NIGERIA

Only complete this Document Preparation Request if you would like CIBTvisas to complete your online visa application.

1. We will need to have your full application submitted together with this Document Preparation Service Request in order to cross check information.
2. We will need the completed Document Preparation Service Request before 2pm in order to have it returned to you the same day.
3. The completed online application must be signed by the applicant. We will send you the completed Nigeria online application via encrypted email with instructions on how to decrypt.
4. An original signature is required on the completed application form, which means it will need to be printed, signed by the applicant and sent to CIBTvisas by post or courier.
5. There is an additional fee of £55.00 plus VAT for completing the Nigeria application form for the applicant online.
6. We are unable to offer a Pre-Check service on any Document Preparation Service Request

PERSONAL INFORMATION

TITLE Mrs, Mr, Ms, Miss

NAME AS IT APPEARS ON YOUR PASSPORT Last, Middle, First

GENDER ◯ Male ◯ Female

MARITAL STATUS Select One

◯ Single ◯ Married ◯ Divorced ◯ Seperated ◯ Widowed ◯ Stable Union

DATE OF BIRTH dd/mm/yyyy

PLACE OF BIRTH State, Country

EMAIL ADDRESS

PRESENT NATIONALITY

PREVIOUS NATIONALITY

HAIR COLOR

EYE COLOR

HEIGHT

OTHER IDENTIFICATION MARKS

HAVE YOU SERVED IN THE MILITARY ◯ No ◯ Yes, enter details

COUNTRY OF MILITARY SERVICE

SERVICE ENTRY dd/mm/yyyy

SERVICE DISCHARGE dd/mm/yyyy

Specify Country of Service, Date Service was Entered & Discharged (If Currently Serving type "Current Service")

CONTACT INFORMATION

STREET ADDRESS

APT OR SUITE #

CITY

COUNTY

POSTAL CODE

PHONE NUMBER

EMPLOYMENT INFORMATION

CURRENT PROFESSION

EMPLOYERS STREET ADDRESS

APT OR SUITE #

CITY

COUNTY

POSTAL CODE

OFFICE NUMBER

PASSPORT INFORMATION

PASSPORT NUMBER

DATE OF ISSUE dd/mm/yyyy

DATE OF EXPIRY dd/mm/yyyy

ISSUE COUNTRY

PLACE OF ISSUANCE

TRAVEL PLANS

MAIN PURPOSE OF TRIP

TYPE OF VISA

◯ Business ◯ Tourist/Visitor ◯ Transit ◯ Official ◯ Temporary Employment ◯ STR (Subject To Regularization)

DATE OF ENTRY dd/mm/yyyy | LENGTH OF STAY | MODE OF TRAVEL IN | HOW MUCH MONEY DO YOU HAVE FOR TRIP (USD)

NUMBER OF ENTRIES REQUIRED

◯ Single ◯ Multiple, enter number

WHILE IN NIGERIA, DO YOU INTEND TO WORK IN A LICENSED FREE ZONE ENTERPRISE/COMPANY? Indicate your target free zone authority

◯ No ◯ Yes, enter details

INTENDED ADDRESS IN NIGERIA

NAME | PHONE NUMBER | EMAIL

STREET ADDRESS | APT / SUITE | CITY

COUNTRY | STATE | DISTRICT | POSTAL CODE

IF TRAVELING FOR EMPLOYMENT COMPLETE THE FOLLOWING

Skip section if you are not applicable

EMPLOYER'S NAME | OCCUPATION

JOB DESCRIPTION

IF PARENT OR SPOUSE IS EMPLOYED IN NIGERIA COMPLETE THE FOLLOWING

Skip section if you are not applicable

EMPLOYER'S NAME | OCCUPATION

JOB DESCRIPTION

EMPLOYERS NAME | EMPLOYER PHONE NUMBER | HOW LONG HAS RELATIVE LIVED IN

STREET ADDRESS | APT / SUITE | CITY | STATE | POSTAL CODE

PREVIOUS VISA APPLICATIONS

HAVE YOU EVER APPLIED FOR A NIGERIAN VISA? Enter where you applied for your previous visa

◯ No ◯ Yes, enter details

WAS YOUR PREVIOUS VISA REJECTED? Provide reason for rejection

◯ No ◯ Yes, enter details

HAVE YOU PREVIOUSLY VISITED NIGERIA State reason for previous visit(s)

◯ No ◯ Yes, enter details

PREVIOUS TRIPS TO NIGERIA

Please state the dates and locations of previous visits to Nigeria. Mark "NA" for unused trips

1 NA
DATE OF ENTRY dd/mm/yyyy | DATE OF EXIT dd/mm/yyyy | STREET ADDRESS | APT OR SUITE #
CITY | STATE | COUNTRY | DISTRICT | DISTRICT

2 NA
DATE OF ENTRY dd/mm/yyyy | DATE OF EXIT dd/mm/yyyy | STREET ADDRESS | APT OR SUITE #
CITY | STATE | COUNTRY | DISTRICT | DISTRICT

3 NA
DATE OF ENTRY dd/mm/yyyy | DATE OF EXIT dd/mm/yyy | STREET ADDRESS | APT OR SUITE #
CITY | STATE | COUNTRY | DISTRICT | DISTRICT

TRAVEL HISTORY

HOW LONG HAVE YOU LIVED IN THE COUNTRY FROM WHERE YOU ARE APPLYING FOR A VISA (IN YEARS)?

Yes	No	
○	○	HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR AN OFFENSE (EVEN THOUGH SUBJECT TO PARDON)?
○	○	HAVE YOU EVER TO OBTAIN A VISA BY MISREPRESENTATION OR FRAUD?
○	○	HAVE YOU EVER BEEN INFECTED BY ANY CONTAGIOUS DISEASE (E.G. TUBERCULOSIS) OR SUFFERED SERIOUS MENTAL ILLNESS?
○	○	HAVE YOU EVER BEEN INVOLVED IN NARCOTIC ACTIVITY?
○	○	HAVE YOU EVER BEEN DEPORTED? IF YES, ENTER COUNTRY

LIST ALL COUNTRIES YOU HAVE LIVED IN FOR MORE THAN A YEAR

If not applicable skip section.

1 DATE OF ENTRY dd/mm/yyyy | DATE OF EXIT dd/mm/yyyy
CITY | COUNTRY

2 DATE OF ENTRY dd/mm/yyyy | DATE OF EXIT dd/mm/yyyy
CITY | COUNTRY

3 DATE OF ENTRY dd/mm/yyyy | DATE OF EXIT dd/mm/yyyy
CITY | COUNTRY

4 DATE OF ENTRY dd/mm/yyyy | DATE OF EXIT dd/mm/yyyy
CITY | COUNTRY

PLEASE PROVIDE A LIST OF THE COUNTRIES YOU HAVE VISITED IN THE LAST TWELVE (12) MONTHS

1 DATE OF ENTRY dd/mm/yyyy | DATE OF EXIT dd/mm/yyyy
CITY | COUNTRY

2 DATE OF ENTRY dd/mm/yyyy | DATE OF EXIT dd/mm/yyyy
CITY | COUNTRY

3 DATE OF ENTRY dd/mm/yyyy | DATE OF EXIT dd/mm/yyyy
CITY | COUNTRY

4 DATE OF ENTRY dd/mm/yyyy | DATE OF EXIT dd/mm/yyyy
CITY | COUNTRY

DECLARATION

I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED TO ME AT THE BEGINNING OF THE APPLICATION. I AM AWARE OF THE CONDITIONS THAT WILL APPLY TO MY VISA AND THAT I AM REQUIRED TO ABIDE BY THEM.

SIGNATURE | DATE

Period 2

Country	-- Please Select --
City	
Date of departure(dd-mm-yyyy)	/ /

Period 3

Country	-- Please Select --
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 / Thumb Impression: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _