

285 Centennial Olympic Park Drive NW Unit 1207 Atlanta, GA 30313

> Phone:404-452-7288 Fax: 404-551-5279 E-mail:info@travelandvisa.com

INSTRUCTIONS FOR APPLICATIONS

Once you have downloaded the PDF form, save it on your computer. Fill out the PDF form on your computer, save the file, print it out and send it with your paperwork, or email or fax it to us.

If filling out the form on your pc is any problem, you can print it out and complete the form by hand.

Send completed application to:

Travel and Visa
285 Centennial Olympic Park Drive NW Unit 1207
Atlanta, GA 30313

Please choose return ship	pping method: Return Shipping (Per Person)
Return shipping method	i:
	edEx 2nd day delivery \$24
	edEx Standard Overnight \$28
	edEx Priority Overnight \$33
	edEx Saturday delivery \$46
	edEx First Overnight \$67
	Prepaid self-addressed mailer (please no USPS, we can only accept FedEx or UPS prepaid labels), \$7
Along with completed a	pplication, please send the following:
	our Passport, (must be signed, have at least 2 blank designated visa pages, and valid or at least 6 months after the date your visa will expire)
\Box 1	passport size picture,
	copy of flight itinerary and proof of hotel booking or a copy of a private invitation with ne host's ID or passport scan.
t	Payment (include your check or money order). If paying with a credit card please fill out he credit card payment authorization form below. any additional paperwork listed in the requirements for visa of your choice
	Total cost = Visa Fee + Shipping Fee

Please keep in mind that processing time is calculated from the next business day following the receipt of your documents. All Visa Processing is in business days, the shipping doesn't count towards your Visa Processing time. Please plan accordingly.

If you have any questions, comments, concerns, please contact us:

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CREDIT CARDHOLDER'S AUTHORIZATION FORM

In lieu of my credit card imprint I (name of card holde	er shown on credit card)	
I,		
hereby authorize Travel and Visa & its agents to cha		
□AMEX □VISA □MASTERCARD □DISCOV	/ER	
Card #:	Exp. (mm/yy)	in the amount of \$
Traveler 1:	date	of birth (mm/dd/yy)
For the following Services (PLEASE SPECIFY):		
My billing address:		
City:	State:	Zip:
My mailing address (if differs from billing):		
City:	State:	Zip:
Phone:	_ FAX:	
E-Mail:		
By signing below, I acknowledge charges described herein. Pay with standard policy of card issuer.		
Change and/or Cancellation Policy: Visa& Visa Support fees are please notify us within 12 hours after receipt of your visa for new are changed, some consulates permit visa correction for a fee.	e non-refundable. In case mista cessary corrections to be made	ake is made on our part in dates/names, . If your trip has been postponed or dates
Please contact us for details.		
		Date:

(Signature of cardholder)

EMBASSY OF THE FEDERAL REPUBLIC OF NIGERIA

3519 International Court, NW Washington, DC 20008

Form Imm. 22



PHOTOGRAPH

APPLICATION FORM FOR VISA/ENTRY PERMIT

This f	orm must be complete	ed in full, you	r application ma	y be rejected for v	vrong and misleading	information.
1.	Surname (MR/MRS	S/MISS)		.Other Names		
2.	Sex		Marital St	atus		• • • • • • • • • • • • • • • • • • • •
3a.	Present Nationality		3b. Previ	ous Nationality		
4a.	Date of Birth (day/1	month/year)		4b. Place of	Birth	
5.	Residential Address	s				
		• • • • • • • • • • • • • • • • • • • •		Telephone No)	
6.	Office Address					
		• • • • • • • • • • • • • • • • • • • •		Telephone No)	
7.	Profession					
8.	State what branches	s of the Arme	d Forces of your	country you have	served or are serving	5
	in			From	to	
9.	Colour of Hair		Colo	ur of eyes	Height	
10.	Visible Identification	on marks				
11.	Passport No		Date o	f issue	Date of exp	iry
	Place of issue		issuing	Government		
12.	Purpose of journey	(please give f	full details)			
13.	Number of entries r	required	A. Single		B. Multiple	
14.	Intended duration o	of stay				
15a.	Proposed date of tra	avel (day/mor	nth/year)	(15b). Mo	de of travel to Nigeria	a
16.	Indicate how much	money is ava	ilable for your tr	ip		
17.	If your reason for jo	ourney to Nig	eria is for emplo	yment, state:		
	a) Name of E	mployers				
	b) Post to be o	occupied				
	c) Give a full	description of	f job			

18.	or sp	ouse in Nigeria including	g the address where they reside	particulars of the employment of parents			
19.							
20.							
21.							
22.	When	re did you apply for the v	visa?				
23.	Indic	ate whether visa was gra	nted or rejected				
24.	Give	reason if visa was rejecte	ed				
25.							
26.	If yes	s, was it for:					
	i.	Tourism/Visit					
	ii.	Business					
	iii.	Temporary Employm	ent				
	iv.	Residency					
		Transit					
27	V.			atoma d			
27.	State	•	·	stayed			
		From	То	Address			
	i.						
	ii.						
	iii.						
28.	How	long have you lived in the	ne country where you are applyin	g for visa/entry permit?			
29.	Have a)			llosis) or suffered serious mental illness?			
	b)	Been arrested or conv	ricted for any offence or crime ev	ven though subject of pardon, arrested orNo			
	c)	Been involved in narc	cotic activities? Yes	No			
	d) e)	Been deported? Yes					
	f)			rus			
30.	Give	a list of the countries you	u have lived in for more than a ye	ear during the last five years:			
		Country	City	Date			
	•••••						

	City	Date	
	he country for which I now apply for	migration/Alien and other laws governing Visa/Entry Permit.	ing
print out the form and mail Embassy of Nigeria. If exp Nigerian Embassy should be white background, letter of	to the Embassy with a PROCESSII bedited service is required, an addition be attached. Please attach original particular invitation from Nigeria and return	bsite at <u>WWW.immigration.gov.ng</u> . Once part of SEE of \$20.00 in money order made out onal fee of \$65.00 in money order made out assport, colored passport photo showing full prepaid Fedex, DHL, UPS, or Express mail and MP, your application will not be mailed by	it to t to ll f l, i
	CHILDREN UNDER SIXTEEN:		
For official use only			
DATE	REMARKS (FOR OFFIC	(AL USE ONLY)	
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DATE	REMARKS (FOR OFFIC	IAL USE ONLY)	

Which Countries have you visited during the last twelve (12) months:

31.