

BIRCH VISAS LTD CUSTOMER REQUEST FORM

PERSONAL DETAILS

Surname & Initials	Address
Title (Mr / Mrs / Ms / Miss)	
Nationality	Telephone

VISA REQUIREMENT

Country	Dates	Purpose of Trip (business / tourism)	Entries (single / double / multi)
	From: / / To: / /		
	From: / / To: / /		
	From: / / To: / /		

TIMESCALE

Please advise (if you are travelling in the meantime) the date you require your passport	
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PASSPORT REQUIREMENT (tick relevant boxes)

<input type="checkbox"/> New or Renewal Standard-size Adult Passport	<input type="checkbox"/> Extension to existing passport
<input type="checkbox"/> New or Renewal Standard-size Child Passport	<input type="checkbox"/> Second Passport – Standard-size
<input type="checkbox"/> New or Renewal Large-size Adult Passport	<input type="checkbox"/> Second Passport – Large-size
<input type="checkbox"/> New or Renewal Large-size Child Passport	<input type="checkbox"/> Gender Change
<input type="checkbox"/> Amendment to existing Passport (name / photo)	

RETURN / DELIVERY (tick relevant boxes)

<input type="checkbox"/> Royal Mail Special Delivery Post	<input type="checkbox"/> Airport Delivery to _____
<input type="checkbox"/> Personal Collection from Benmar Office	<input type="checkbox"/> Other Method (please give details):
<input type="checkbox"/> Courier Delivery	

If documents to be delivered to an address other than that shown above, please indicate the address here:

PAYMENT (Travel Agents & Companies will be invoiced if previously known to us)

Benmar Fee	Delivery Charge	VAT	Embassy Fee	Total Amount
£ : :	£ : :	£ : :	£ : :	£ : :

NB: If enclosing cheque please write name, address and telephone number clearly on reverse of cheque.

CREDIT CARD PAYMENT (or Cheque Enclosed. Please call us if you prefer to pass details by phone.)

Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Visa Debit	<input type="checkbox"/> Master Card	<input type="checkbox"/> Other *		
Card Number:				Expiry Date:		
Signature:		Date:		Card Security Code **:		

* American Express is not accepted

** Chip and Pin requirement last 3 numbers from reverse of card

ENCLOSURES (tick relevant boxes - ***bold underlined items are required for all applications***)

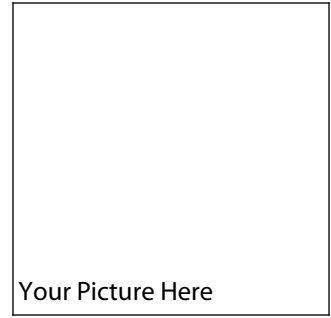
<input type="checkbox"/> <u>Passport(s)</u>	<input type="checkbox"/> Letter of Invitation or Sponsorship	<input type="checkbox"/> Proof of Funds
<input type="checkbox"/> <u>Photograph</u>	<input type="checkbox"/> Evidence of Medical Insurance	<input type="checkbox"/> Other:
<input type="checkbox"/> <u>Cheque or Credit Card Details</u>	<input type="checkbox"/> Vaccination Certificate(s)	
<input type="checkbox"/> <u>Visa or Passport Application Form(s)</u>	<input type="checkbox"/> Evidence of Hotel Booking	

Please send this form, with all relevant supporting documents, by special delivery to:
Birch Visas Ltd. 12th Floor, Broadgate Tower, 20 Primrose Street, London, EC2A 2EW.

Do not be concerned if your submission is incomplete or incorrect, we will contact you immediately to resolve any issues arising from your application.



**APPLICATION FORM
FOR ENTRY PERMIT / VISA TO THE
FEDERAL REPUBLIC OF NIGERIA**



NOTES FOR GUIDANCE

- It is important to carefully read through the requirements for visas and complete this application in block letters.
- Visa fees are charged according to nationalities and subject to change without prior notice.
- Payments for Visa can be made in Postal Order or in Debit/Credit Card.
- Processing Fee of £20 must also be payed separately in Postal Order ONLY.
- **Express Service Fee** (optional and within 24hrs) is now available at an additional cost of £50 payable in Postal Order.
- Please note that payments made upon submission of application shall **NOT BE REFUNDED**.
- Applicants will be notified by the Visa officer of both the status and time of collection of their respective visas.

NOW FILL FORM IN BLOCK CAPITALS PLEASE

1. A. Surname (Mr. Mrs. Miss) _____
 B. OtherNames _____
2. Nationality _____
3. Date of Birth _____
4. Official Address _____
 Residential Address _____
 Telephone _____
5. Profession _____
6. Purpose of Journey (Please give full details) _____

7. Number of entries required _____

Single
 Multiple

8. Intended duration of stay _____
9. Reference in Nigeria (If applicable) Name _____
 Ref Address _____

10.	Colour of Hair	Colour of Eyes	Height	Completion

Passport No	Date of Issue	Date of Expiry	Place of Issue	Issuing Government

12. Proposed date of travel _____
13. If you are joining spouse or parents please give particulars of their employment in Nigeria, including full residential address _____

14. Have you ever visited Nigeria?

Yes No

B. If yes state time(s) and reason for the visit(s) _____

15. For how long have you been living in the U.K. ? _____

I understand that I will be required to comply with the Immigration / Alien and other laws governing entry of Immigrants into the country for which I now apply for Visa / Entry Permit.

I accept.

TICK AND FILL AS APPROPRIATE:

Cost of Visa: £ Processing fee: £20 EXPRESS (OPTIONAL WITHIN 24 HRS): £50

TOTAL TO BE PAID: £

Date _____

Signature _____

DATE	REMARKS (FOR OFFICIAL USE ONLY)

Nigeria High Commission
9 Northumberland Avenue
London - UK
WC2N 5B

DECLARATION OF TRAVEL DATES

Name:

Give a list of the countries you have visited in the last twelve (12) months

Period 1

Country

City

Dates; Arrival:

Departure:

Period 2

Country

City

Dates; Arrival:

Departure:

Period 3

Country

City

Dates; Arrival:

Departure:

I confirm I have disclosed in the statement above all the past travels I have done in the past 12 months.

Signature:

Date: