The Travel Visa Company

Your Dedicated, Worldwide Travel Visa Agency

REFERRED BY

i.e. Travel Agent / Tour Operator / Cruise Line / Search Engine / Repeat Customer / Friend / Other

You **MUST** return this front page with your application.

RETURN ADDRESS

The Travel Visa Company Ltd.
First Floor Unit 10
Alvaston Business Park
Middlewich Road
Nantwich, Cheshire
CW5 6PF

SUPPORT

If you have any queries or would like additional assistance when completing your application, please contact us and one of our team would be happy to assist.

Telephone: **01270 904 907** | Email: **applications@thetravelvisacompany.co.uk**

Nigeria Health Declaration Application Pack

Thank you for requesting an application pack for a Nigeria Health Declaration.

Please complete the following three sections and then return the application pack and all supporting documents to The Travel Visa Company Ltd.

1. **Checklist of the documents required**
2. **Service and delivery options**
3. **Address and payment details**

PLEASE NOTE

Your passport must have an expiry date of at least 6 months before your date of arrival into Nigeria.

A Nigeria Health Declaration can only be submitted to the Nigerian authorities once we are within 24 hours of your entry date. Applications can be made to The Travel Visa Company at **any time**, and we will submit your application to the Nigerian authorities once we enter the 24 hour application window.

We will not accept applications submitted to us within 5 working days of your entry date into Nigeria.

1. Checklist of the documents required

✓ Please tick to confirm you have provided the following:

☐ **NIGERIA HEALTH DECLARATION APPLICATION FORM** – Please find attached. It is important to carefully read through all the questions and fully complete all forms in **BLOCK CAPITALS** with a **BLACK PEN**. All application forms **MUST** be printed single-sided. Application forms printed double-sided **WILL NOT** be accepted.

☐ **COPY OF PASSPORT** – Please include a copy of the photograph/information page of your passport. Your passport must have an expiry date of at least 6 months from your date of arrival into Nigeria.

Failure to provide us with these documents will result in delays with your application.

2. Service and delivery options

✓ Please tick to confirm which service and delivery type you are requesting:

	Service Type	Processing Time	Service Fee	VAT	Total
☐	Standard	Processing will begin once we are within 24 hours of your arrival into Nigeria.	£18.29	£3.66	**£21.95**

We will not accept applications submitted to us within 5 working days of your entry date.

Delivery Type	Price
☐ Email Confirmation	-

DATE OF TRAVEL

..... DD/MM/YYYY

LENGTH OF STAY

..... Days

3. Address and payment details

Name: .....

Address: .....

.....

.....

Postcode: .....

Telephone: .....

Email: .....

EMAIL MARKETING (not required)

☐ I would like to sign up to the TVC mailing list.

We do not share your data with any third parties. To view our privacy policy, visit:

www.thetravelvisacompany.co.uk/privacy

☐ **Credit/Debit Card**

Name on card:

.....

Card Number:

.....

Expiry Date: ..... CVC: .....

☐ **Paypal** paypal@thetravelvisacompany.co.uk

☐ **Cheque**

☐ **BACS** Reference: .....

Cheque/BACS payments are to be made payable to "The Travel Visa Company Ltd."

Bank Details: 68032405 / 08-92-50

TERMS & CONDITIONS (required)

☐ I have read, fully understood and agree to the Terms & Conditions and Client Declaration.

www.thetravelvisacompany.co.uk/terms www.thetravelvisacompany.co.uk/declaration

Signed: ..... Date: .....

Please contact us if you would like to receive a printed copy of these documents.

Tel: +44 (0) 1270 904 907
applications@thetravelvisacompany.co.uk
www.thetravelvisacompany.co.uk

Personal Details

Surname:
As shown in passport

Given name(s):
As shown in passport

Gender: ☐ Male ☐ Female

Date of birth: DD/MM/YYYY

Place of birth:

Town/City:

State/Province:

Country:

Nationality:

Passport Details

Passport type: ☐ Regular ☐ Official ☐ Diplomatic

Passport number:

Issuing country:

Issue date: DD/MM/YYYY

Expiry date: DD/MM/YYYY

Applicant Contact Details

Phone number: +44

Email address:

Address:

Travel Details

Purpose of travel:

Travel Details

Date of departure: DD/MM/YYYY

Date of arrival: DD/MM/YYYY

Port of entry:

Ship name/flight/vehicle number:

Seat number:

Country of embarkation:

Did you transit through any countries?

☐ Yes ☐ No

If yes — Countries transited through:

Have you visited any countries in the last 21 days?

☐ Yes ☐ No

If yes — Countries visited:

Nigerian phone number: +234

Address in Nigeria:

Health Declarations

In the last 21 days, have you experienced any of the following symptoms:

☐ Fever	☐ Sneezing	☐ Generally feeling unwell
☐ Cough	☐ Jaundice	☐ Difficulty breathing
☐ Rashes	☐ Headache	☐ Nose/ear bleeding
☐ Hiccup	☐ Body aches	☐ Difficulty swallowing
☐ Lethargy	☐ Vomiting	☐ Loss of appetite
☐ Sore throat	☐ Stomach pain	☐ Diarrhoea

☐ Other symptoms — Please specify

If you need additional help with this application form, please **email: applications@thetravelvisacompany.co.uk**

INSTITUTE OF Travel & Tourism

Tel: +44 (0) 1270 904 907
applications@thetravelvisacompany.co.uk
www.thetravelvisacompany.co.uk

Health Declarations

In the last 21 days, have you had contact with anyone with any of the following symptoms:

- ☐ Fever
- ☐ Sneezing
- ☐ Generally feeling unwell
- ☐ Cough
- ☐ Jaundice
- ☐ Difficulty breathing
- ☐ Rashes
- ☐ Headache
- ☐ Nose/ear bleeding
- ☐ Hiccup
- ☐ Body aches
- ☐ Difficulty swallowing
- ☐ Lethargy
- ☐ Vomiting
- ☐ Loss of appetite
- ☐ Sore throat
- ☐ Stomach pain
- ☐ Diarrhoea
- ☐ Other symptoms — Please specify

Were you ill before boarding or during the trip?

☐ Yes ☐ No

Have you taken any of the following medication in the last 24 hours?

- ☐ Paracetamol, ibuprofen, or any other pain relieving medication
- ☐ Antibiotics
- ☐ Antiviral drugs
- ☐ Flu or common cold medication
- ☐ Anti Malaria

Yellow Fever vaccination status:

- ☐ Fully vaccinated
- ☐ Partially vaccinated
- ☐ Not vaccinated

Please tick to confirm your application details:

☐ I, the applicant, hereby certify that I have read, or have had read to me, all the questions and statements on this application and understand all the questions and statements on this application. The answers and information furnished in this application are true and correct to the best of my knowledge and belief.

Print name (BLOCK CAPITALS): .....

Date: ..... DD/MM/YYYY

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