

CONSULATE-GENERAL OF NIGERIA

P.M.B. 30, BUEA

APPLICATION FOR CONSULAR CARD NO: _____

BRANCH UNION: _____

SURNAME: _____

OTHER NAME: _____

SEX: _____

DATE OR BIRTH: _____

PLACE OR BIRTH: _____

RESIDENTIAL ADDRESS: _____

VILLAGE OF ORIGIN: _____

LOCAL GOVT AREA: _____

STATE OF ORIGIN: _____

OCCUPATION: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

NEXT OF KIN: _____

ADDRESS OF NEXT OF KIN: _____

RELATIONSHIP WITH NEXT OF KIN: _____

SIGNATURE OF APPLICANT: _____

PHONE NO: _____

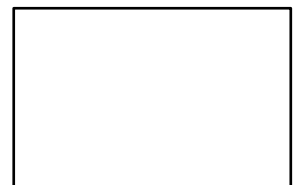
HEIGHT: _____

PARTICULARS OF FAMILY MEMBERS:

S/NO	NAME	RELATIONSHIP	AGE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10			

“The applicant is hereby identified and cleared as a bonafide Nigerian citizen Resident here and can benefit from all CONSULAR and other related services.

Signature of Branch Union President Thumb print of Applicant



OFFICIAL USE ONLY

DONE AT

THIS

DAY OF