



EMBASSY OF NIGERIA
DR CONGO, KINSHASA

APPLICATION FOR EMERGENCY TRAVEL CERTIFICATE

NAME

DATE OF BIRTH

PLACE OF BIRTH

PROFESSION

ADDRESS/TEL. N° IN CONGO

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ADDRESS IN NIGERIA (Include Hometown/Village)

VILLAGE

LOGAL GOVERNMENT AREA STATE

NAME OF FAMILLY MEMBER IN NIGERIA (**Mandatory**)

ADDRESS

TEL N°

DATE OF ARRIVAL IN DRC PURPOSE

PASSPORT N° PLACE OF ISSUE (Mandatory)

DATE OF ISSUE EXPIRATION DATE

DATE OF LOSS/MISPLACEMENT/PLACE

IF EXPIRED, STATE DATE/MONTH

IF PASSPORT IS LOST, DESCRIBE THE CIRCUMSTANCE OF THE LOSS

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.....

SIGNATURE DATE

ATTACH THE FOLLOWING:

TWO PASSPORT PHOTOGRAPHS

POLICE REPORT OF LOSS OF PASSPORT/COURT AFFIDAVIT

ONE WAY TICKET TO NIGERIA

ETC APPLICATION FEE

DATA PAGE OF PASSPORT COLORED

OFFICIAL USE:

APPROVED/NOT APPROVED