

FUNTADE NIGERIAN COMPANY LTD
{FUNTADE TOURS}
IN CONJUNCTION WITH
AN ISRAELI BASED CHRISTIAN
ORGANIZATION

AND

NIGERIAN CHRISTIAN PILGRIMS COMMISSION

PILGRIMAGE FORM

{1} JERUSALEM TOUR

{2} JERUSALEM/MT SINAI

{3} JERUSALEM/ROME/ MT SINAI

{4} MALTA TOUR [IN FOOTPRINT OF APOSTLE
PAUL}

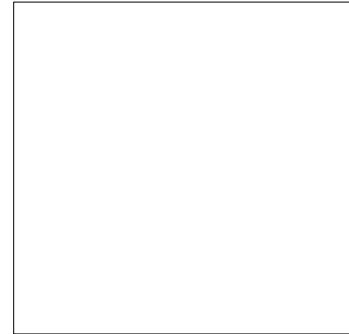
{5} SPECIAL PACKAGE TOUR

NIGERIAN CHRISTIAN PILGRIM COMMISSION (NCPC)

PRESIDENCY

Plot 1348, Ahmadu Bello Way,

Garki 2, Abuja



AFFIX PASSPORT

REGISTRATION FORM

DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTION:

1. Answer all questions to the best of your knowledge. If the question is not applicable, leave blank. Use separate sheet of paper for extra details on individual's questions and sign each separate sheet.
2. An intending pilgrim must possess a valid e-passport.
3. The form should be completed in block letters. Return completed form with photocopy of receipt of payment and four (4) coloured passport photographs, in white background.
4. Do not use post office box for any address.
5. Consider each of your answers carefully. Accurate completion of the form will facilitate consideration of your application.
6. You are informed that the accuracy of any statement made on this application form may be investigated.
7. Application forms not duly completed with Guarantor's form and certificate of medical fitness issued by approved hospitals will not be accepted.
8. Please note that NCPC's decision on candidate's suitability is final and successful candidates who do not meet the payment deadline will be dropped.

SECTION I: GENERAL PERSONAL AND PHYSICAL DATA

Surname:	First Name:	Middle Name:
Grandfather's name	Grandmother's name	
Aliases (if any):	Maiden Name (<i>where applicable</i>):	
Date of birth:	Place of Birth:	
Sex:	Female { }	Male { }
Hometown:	L.G.A:	State:
Religion:	Denomination:	
Passport No:	Date of issue:	Valid until:
Height {m}::	Weight {kg}::	Facial marks:
Skin colour:	Hair colour:	Eye colour:
Current Address and Telephone {Not P. O. Box}: 		
Permanent address and Telephone {Not P. O. Box}: 		
E-mail Address: 		

Pilgrim's Signature and Date:

SECTION II: MARITAL STATUS AND INFORMATION ON SPOUSE AND CHILDREN

Marital Status {tick):	Single	Married	Divorced	Widowed	Separated
If married, give particulars of spouse:					
Surname:	First Name:	Middle Name:			
Date of Birth:			Place of Birth:		
Date of Marriage:		Place of Marriage:			
Passport No:		Valid until:			
Nationality:	State:	L.G.A	Home Town:		
Residential Address:					
Permanent address and Tel. {Not P. O. Box}:					
E-mail address:					
Height {m}	Weight {kg}		Facial marks:		
Skin Colour:		Hair Colour:		Eye Colour:	
Work Status Please tick	Public Servant		Private worker		
Address of place of work					

<u>Names of Children:</u>	<u>Ages:</u>
1.	
2.	
3.	
4.	

SECTION III: HEALTH INFORMATION

{Please attach Certificate of fitness from a Government Hospital}

(Please Tick)

1. Are you pregnant? (For Females only)	Yes	No
2. Are you on any form of medication? <i>(If yes, please specify):</i>	Yes	No
3. Do you have any form of physical challenge or disability? 4. (If Yes, please specify):	Yes	No
5. Do you require any form of assistance e.g. a wheel chair? No <i>(If yes, please specify):</i>		Yes

SECTION IV: OCCUPATION/PROFESSION

Note: Please attach bank financial statement

Job Title:
Name and address of Employer (Not P.O. Box)
Business Address (If self-employed, Not P.O.Box):
Annual Income:

SECTION V: SPONSOR (IF ANY)

Name:	
Address:	
Relationship:	Occupation:
Business Address:	

SECTION VI: NEXT OF KIN DATA

Surname:	First name:	Middle Name:
Relationship:		
Residential Address		
E-mail address:		
Hometown:	L.G.A:	State:
Date of Birth:	Place of Birth:	
Religion:	Denomination/Sect:	
Passport:	Date of issue:	Place of issue:

Please answer the following Questions

Part A:

1. Are you a member of any cult? Yes
 No
 If yes, please give details below.

2. Have you been deported from any country before? Yes
 No

3. Have you had problem with the Immigration of any country? Yes
No

4. Have you been convicted of any offence in the past 10 years ?
Yes No

If yes, please give details below.

Part B:

1. Where would you like to be screened? Abuja or any of the states. Please specify below
2. Who is accompanying you on this journey {if necessary}? Give names and details.

SECTION VII: REFERENCES

Referees must be individuals (not relatives)who have kn own you for at least 1o years

List three (3) persons who know you well and can tell us about your character one of whom must be your priest/pastor

NAME	SEX	BUSINESS ADDRESS/TEL	HOME ADDRESS/TEL/EMAIL	NO OF YEARS YOU HAVE KNOWN THE REFEREE
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FOR ILLITERATE/BLIND APPLICANT

I confirm that the content of this form has been first read and interpreted to the Applicant in _____ language by me when he appeared perfectly to understand it before affixing his thumbprint/signature.

Thumbprint/Signature

Date:

BEFORE ME

COMMISSIONER FOR OATHS / NOTARY PUBLIC

FOR OFFICE USE

Assessment by the Screening Panel:

Suitable or unsuitable to perform the 20__ Pilgrimage

Reasons for Suitability:

Reasons for unsuitability to perform the 20__:Pilgrimage

Chairman of Panel

Secretary of Panel

APPROVED / NOT APPROVED

EXECUTIVE SECRETARY

GUARANTORS FORM

1. The guarantor should be any of the under listed:
 - A) Ordained church official, high court judges, military officers not less than the rank of Colonel or equivalent in any of the services (Navy, Air force, Army and Police)
 - B) Civil Servants/Public Servant of not less than GL. 15
 - C) Retired Officers within the stated ranks and grades above
2. Attach 4 coloured passport photographs and the data page of the guarantor's International Passport

PILGRIMS PARTICULARS

Full names	Date of Birth	Place of Birth	Permanent Address	Passport No

1. I hereby guarantee who is well known to me to undertake Pilgrimage to Israel His/Her particulars name stated above.
2. I understand and agree that I would be liable to pay the Federal Government of Nigeria the sum of US \$5,000 (Five thousand United States Dollars) being the cost of repatriation

..... if he/she fails to return to Nigeria as scheduled and that this amount could be recovered from my asset (s) with or without my consent to effect repatriation..

GUARANTORS PARTICULARS

NAME	PERMANENT ADDRESS	Int. Passport & Telephone Nos	OCCUPATION	EMAIL ADDRESS

Guarantor's Signature

Date

Sworn to at the High Court/Magistrate Court this _____ day of _____ 20_____

Before me
Commissioner for Oaths

NOTE

1. IF AN INTENDING PILGRIM FAILS TO MAKE THE PILGRIMAGE AFTER SCHEDULING AND BATCHING, THE AMOUNT FOR AIR TICKET & ADMINISTRATIVE CHARGES WILL BE FORFEITED.
2. FOR INSTALMENTAL PAYMENT, AN ADDITIONAL SUM OF N1000:00 WILL BE PAID FOR EACH PAYMENT MADE.
3. APPLICATION FORM - N5,000

FOR EASY TRANSACTION, CHEQUE CAN BE MADE PAYABLE TO:
FUNTADE NIGERIAN COMPANY LTD

Bank account to which payment can be made will be provided on request by intending pilgrim or their sponsor

CONTACT ADDRESS:

10, Ajani Olutade Street,
Off Ahmed Oghere Street/Olushola Ikare Street,

Off Liasu Road, Council Bus Stop, Idimu or Ile-Ewe Bus Stop, Egbe,
Egbe-Idimu LCDA, Lagos.

P. O. Box 70384 Victoria Island, Lagos

Telephones: 08023234136, 08055222222

Emails: info@funtadetours.org, ajani_so@yahoo.com,
funtadetours@yahoo.com

Website: www.funtadetours.org

Team Leader: REV. DR. AJANI OLUTADE (B.p, JP, FCPA)

NOTE:

**Funtade Tours will not be held liable for any wrong
information given in respect of this form**