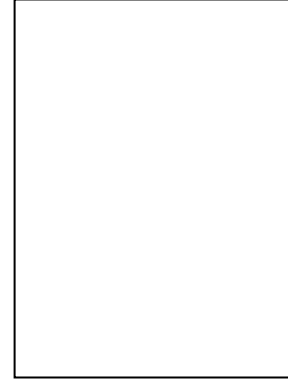


**NIGERIAN CHRISTIAN PILGRIM COMMISSION (NCPC)  
THE PRESIDENCY**

Plot 1348 Ahmadu Bello Way,  
Garki 2, Abuja.



AFFIX PASSPORT PHOTOGRAPH

**REGISTRATION FORM FOR FAMILY PILGRIMAGE**

**DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS**

1. Answer all questions to the best of your knowledge. If the question is not applicable, leave blank. Use separate sheets of paper for extra details on individual questions and sign each separate sheet.
2. All intending Pilgrims 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 two (2) colored passport photographs, of every member of the family travelling, 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 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:	
Aliases (if any):			Maiden Name (where applicable):		
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 Color:		Hair Color:		Eye Color:	
Current address and Telephone (Not P.O. Box):					
Permanent Address and Telephone (Not P.O. Box)					
E – mail Address:					

**SECTION II -MARITAL STATUS AND INFORMATION ON SPOUSE AND CHILDREN**

Marital status (Tick):	Single Parent	Married	Divorced	Widowed	Separated
If married, state particulars of spouse:					
Surname:		First Name:		Middle Name:	
Occupation/profession:			Religion:		
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:					

**ACKNOWLEDGEMENT BY SPOUSE (If not travelling)**

I, .....acknowledge that I am aware of the intention of my Spouse to travel on pilgrimage with .....(number) of our children to .....  
This acknowledgement serves as an indication of my consent for the purpose.

\_\_\_\_\_  
*Signature/Date/Relationship*

**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. Is any of you on any form of medication? (If yes, please specify)	Yes	No.
3. Does any of you have any form of physical challenge or disability? (If yes, please specify)	Yes	No.
4. Does any of you require any form of special assistance e.g a wheel chair? (If yes, please specify)	Yes	No.

**SECTIONS IV. OCCUPATION/PROFESSION** *(please come with prove of Employment)*

Job Title:
Name and Address of Employer (Not P.O. Box):
Office Address (if self-employed. Not P.O. Box):
Annual Income: <i>(please attach 3 months Bank Statement)</i>

**SECTION V. SPONSOR (if any)**

Name:	
Address:	
Relationship:	Occupation:
Office Address:	

**SECTION VI. NEXT OF KIN DATA**

Surname:	First Name:	Middle Name:
Relationship:		
Residential Address:		
E – mail Address:		
Home Town:	L.G.A:	State:
Date of Birth:	Place of Birth:	
Religion:	Denomination/Sect:	
Passport No.:	Date of Issue:	Place of Issue:

**Please answer the following Questions.****Part A:**

- |   |            |            |
|---|------------|------------|
| 1. Are you a member of any cult?<br>If yes please give details below.                                 | Yes        | No.        |
| 2. Have you been deported from any country before?<br>If yes, please give details below.              | Yes        | No.        |
| 3. Have you had any problem with the immigration of any country?<br>If yes, please details below.     | Yes        | No.        |
| 4. Have you been convicted of any offence in the past 10 years?<br>If yes, please give details below. | Yes        | No.        |
| 5. <i>Have you been to Israel before?</i><br><i>If yes, please give details below</i>                 | <i>Yes</i> | <i>No.</i> |

**Part B:**

Please fill the space below for information on all those accompanying you on this trip. Please enclose data-page of e-passport and birth certificate of all the given names.

S/NO.	SURNAME, GIVEN NAMES	AGE	RELATIONSHIP	OCCUPATION

**CERTIFICATION**

I have read and understood the instructions. I certify that the foregoing answers are true to the best of my knowledge and belief. I understand that any misstatement or omission as to material fact will constitute grounds for rejection of my application. I also understand that any false statement made herein may be punished by law. I declare that I will abide by the rules and regulations with regard to the Pilgrimage as laid down by the NCPC. I shall also abide by the laws of the states of Israel, Rome and Greece and shall not do anything during the Pilgrimage that will tarnish the image of my Country, Nigeria.

Signature.....

Date.....

**FOR ILLITERATES/BLIND APPLICANTS**

I confirm that the contents 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:

\_\_\_\_\_  
Chairman of Panel

\_\_\_\_\_  
Secretary of Panel

**APPROVED/NOT APPROVED**

\_\_\_\_\_  
EXECUTIVE SECRETARY

**GUARANTOR’S FORM**

1. The Guarantor should be any of the under listed:
  - a) Ordained Church Official, High Court Judges, and 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 Servants of not less than GL. 15.
  - c) Retired Officers within the stated ranks and grades above.
2. Attach 2 colored passport photographs and the data page of the guarantor’s International passport.
3. *Data page of intending Pilgrim’s e-passport*

**GUARANTOR’S ATTESTATION**

1. I hereby guarantee.....who is well known to me to undertake pilgrimage to Israel with .....members of his family.Thier particulars are stated on page 5.
2. I understand and agree that I would be liable to pay to the Federal Government of Nigeria the sum of US\$5,000 (Five Thousand United State Dollars) being the cost of repatriation of any member of the family 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 the repatriation.

**GUARANTORS PARTICULARS**

NAME	PERMANENT ADDRESS	OCCUPATION	E-MAIL ADDRESS/ Phone Number

\_\_\_\_\_  
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 COST FOR AIR TICKET AND ADMINISTRATIVE CHARGES WILL BE DEDUCTED BEFORE REFUND.

2) APPLICATION FORM: ₦2,000.00

BANK: ANY COMMERCIAL BANK  
 ACCOUNT NAME: NIGERIA CHRISTIAN PILGRIMS COMMISSION  
 ACCOUNT NUMBER: **REMITA**  
 NAME OF SERVICE/PURPOSE: **PILGRIM REGISTRATION FORM**

3) PAYMENT OF PILGRIMAGE COST  
 (PAYMENT IN FULL OR INSTALLMENTAL)

BANK: ANY COMMERCIAL BANK  
 ACCOUNT NAME: NIGERIA CHRISTIAN PILGRIM COMMISSION  
 ACCOUNT NUMBER: **REMITA**  
 NAME OF SERVICE/PURPOSE: **EASTER, YOUTH, FAMILY OR OCT-DEC PILGRIMAGE**  
 (Pls, Select Your Choice)

4) FOR SELF GENERATION OF RRR NO. FOR PAYMENT:

STEP 1: VISIT [www.remita.net](http://www.remita.net) AND CLICK ON **PAY A FEDERAL GOVT. AGENCY**

STEP 2: FILL THE FORM e.g

1. Name of MDA: Nigeria Christian Pilgrim Commission
2. Name of Service/Purpose: Family Pilgrimage
3. Amount To Pay: Put the amount you want to pay in Figures
4. Payer's Full Name: Type your Name in Full
5. Payer's E-mail: Type your E-mail Address
6. Payer's Phone Number: Type your Phone Number and omit the first zero
7. Enter the Characters you see below and click on Proceed to Payment

STEP 3: ON THE NEW PAGE COPY OUT THE RRR NO. OR PRINT THE PAGE AND PROCEED TO ANY COMMERCIAL BANK FOR PAYMENT.

FOR ENQUIRY ON PAYMENTS: 08035244276, 08069398292

CONTACT ADDRESS: NIGERIA CHRISTIAN PILGRIM COMMISSION  
 PLOT 1348, AHMADU BELLO WAY, GARKI II, ABUJA.

Website: [www.ncpc.gov.ng](http://www.ncpc.gov.ng)

E-mail: [mobilization@ncpc.gov.ng](mailto:mobilization@ncpc.gov.ng)

FOR INQUIRY CALL: 08033197323, 07063062144, 08062642646 (ABUJA HQ.), 08036568922 (SOUTH EAST), 08186560187 (SOUTH SOUTH), 08034507394 (NORTH WEST), 08030662324 (SOUTH WEST), 08138893362 (NORTH EAST), 08037870716 (NORTH CENTRAL), 08065196826 (ABUJA METROPOLIS)