



Affix 2 Passport Photographs

The Presidency
Nigeria Christian Pilgrim Commission
NCPC

Pilgrimage Application/Registration Form

**Please, Kindly Complete This Form After You Have Read
The Following Instructions:**

1. The following should be attached to the duly completed form:
 - i. Photocopy of the data page of intending pilgrim's valid e-passport.
 - ii. Photocopy of payment receipt.
 - iii. Two (2) passport photographs in white background.
 - iv. Colored photocopy of the data page of guarantor's valid e-passport.
 - v. Letter of undertaking from guarantor as referenced in guarantor's form on page 7.
 - vi. Medical Certificate of Fitness from an NHIS Government approved Hospital.
 - vii. Recommendation letter from your pastor.
 - viii. Evidence of employment/occupation.
 - ix. Letter of consent from spouse
 - x. Letter of consent from parent/guardian (children/youths not traveling with their parents)
2. Use residential address (not P.O Box)
3. Note that NCPC's decision on candidate's suitability is final.
4. Be informed that the accuracy of any statement made on this application shall be confirmed.

Section I: General Personal and Physical Data

Surname:	First Name:	Middle Name:
Maiden Name (where applicable):	E – mail Address/Phone No.:	
Date of Birth:	Place of Birth:	Sex: Female [] Male []
Hometown/Village Address:	L.G.A:	State:
Religion:	Church Denomination/Address:	
Name of Pastor/Phone Number:		
Passport No.:	Date of Issue:	Valid until:
Current Address/Telephone (Not P.O. Box):		
Father's Full Name/Date of Birth:		Mother's Full Name/Date of Birth:

Section II -Marital Status and Information on Spouse and Children

Marital status (Tick):	Single	Married	Divorced	Widowed	Separated
If married, state particulars of spouse:					
Surname:	First Name:	Middle Name:			
Occupation/Employment History:				Religion:	
Date of Birth:	Place of Birth:	Nationality:			
Date of Marriage:	Place of Marriage:	State:			
Passport No.:	Valid Until:	L.G.A:			
E – mail Address:		Residential Address/ Tel.:			
Names of Children:			Ages:		
1.			1.		
2.			2.		
3.			3.		
4.			4.		

Acknowledgment By Spouse

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

.....
Signature/Date/Relationship

Section III. Medical History

(Please Tick)

1.	Are you pregnant? (for females only) (If yes, what month)	Yes <input type="checkbox"/>	No. <input type="checkbox"/>
2.	Are you on any form of medication/managing any ailment of interest? (If yes, please specify)	Yes <input type="checkbox"/>	No. <input type="checkbox"/>
3.	Do you have any form of physical challenge or disability? (If yes, please specify)	Yes <input type="checkbox"/>	No. <input type="checkbox"/>

Sections IV. Occupation/Employment History

(please come with prove of Employment)

Status in the Office:	Annual Income: (please attach 6 months Bank Statement)
Name and Address of Employer (Not P.O. Box):	
Office or Business Address (if self-employed. Not P.O. Box):	

Section V. Sponsor (if any)

Name:	Occupation:
Residential Address:	Relationship:
Office Address:	Annual Income: (please attach 3 months Bank Statement)

Answer the following Questions.

Part A:

1.	Are you a member of any cult? If yes please give details below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Have you been deported from any country before? If yes, please give details below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you been denied visa by any country in the last 10 years? If yes, please reasons below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Have you been convicted of any offence in the past 10 years? If yes, please give details below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Please, list below countries visited in the last 10 years		

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 Name and Details

3. **DESTINATION** (Tick Appropriate Option)

i. Israel only []

ii. Rome – Israel []

iii. Greece – Israel []

4. **TRAVELING PERIOD** (Tick Appropriate Option)

i. Easter Pilgrimage: March – April []

ii. General Pilgrimage: October – December []

iii. Others (indicate the bouquet)

5. **STATE CONTINGENTS WHICH YOU PROPOSE TO TRAVEL WITH:**

SECTION VII. REFERENCES

*Referees must be individuals (not relatives) who have known you for at least two (2) 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	NO. OF YRS YOU HAVE KNOWN REFEREE	RELATIONSHIP WITH REFEREE

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.....

Note

- 1) Note That If You Fail To Make The Pilgrimage After Scheduling And Batching, The Cost For Air Ticket And Administrative Charges Will Be Deducted Before Refund.
- 2) Application Form: N10,000.00, Non Refundable
 Bank: Any Commercial Bank
 Account Name: Nigeria Christian Pilgrim Commission
 Account Number: Remita
 Name of Service/purpose: Pilgrimage Application/ 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, Specify)
- 4) For Self Generation of RRR No. For Payment:
 Step 1: Visit 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: e.g Family Pilgrimage
 3. Amount to Pay: Put 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, 08033197323

Contact Address: Nigeria Christian Pilgrim Commission
 Plot 1348, Ahmadu Bello Way, Garki II, Abuja.
 Web Site: www.ncpc.gov.ng
 E-mail: Mobilization@ncpc.gov.ng

For Enquiry Call:

08033197323, 08062642646 (ABUJA HQ.)

(SOUTH EAST) - 08030888608,	(KANO METRO. OFFICE) 08037870716,
(SOUTH SOUTH) - 08077108999,	(GOMBE METRO OFFICE) - 08138893362,
(NORTH WEST) - 08033248188,	(P/HARCOURT METRO OFFICE) - 08062535474,
(SOUTH WEST) - 08063192232,	(IBADAN METRO. OFFICE) - 08036568922,
(NORTH EAST) - 08108621664	(ASABA METRO. OFFICE)- 08028452347,
(NORTH CENTRAL) - 08034507394.	(AWKA METRO. OFFICE) - 08037017547.
(ABUJA METRO. OFFICE) - 08065196826,	

GUARANTOR'S FORM

1. The Guarantor should be any of the under listed:
 - a) 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 13.
 - 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*

Intending Pilgrim's Particulars

Full Name	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 /Rome/Greece. His/her particulars are as stated above.
2. I understand and agree that I would be liable to pay to the Federal Government of Nigeria the cost of repatriation as may be determined of..... 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 . Also I am liable to have my name published alongside the abscondee on the NCPC website and any Nigerian media.

Guarantor's Details (Attach Passport Data Page)

NAME	PERMANENT ADDRESS	OCCUPATION	E-MAIL/PHONE NUMBER	RELATIONSHIP WITH GUARANTOR

Guarantor's Signature

Date

Sworn to at the High Court/Magistrate Court this Day of20..... Before me

Commissioner for Oaths

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 and 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:

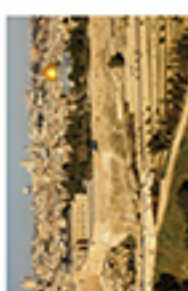
Reasons for Unsuitability:

Screening Officer

APPROVED/NOT APPROVED

EXECUTIVE SECRETARY

NCPC Pilgrimage Bouquet



Pastors Pilgrimage - March

Easter Pilgrimage - April

Traditional Rulers Pilgrimage - April

Women Pilgrimage - May

Church Leaders Pilgrimage - September

Executive Leaders Pilgrimage - October

General Pilgrimage - October - December

Family Pilgrimage at Christmas - December

Holy Land of Israel, Greece & Rome
to the

"Yea, many people and strong nations shall come to seek the Lord of hosts in Jerusalem and to pray before the Lord."
Zechariah 8:22

AIRFARE VISA INSURANCE TOUR OF HOLY SITES ACCOMMODATION FEEDING