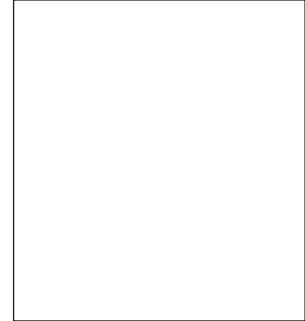




Society for the Promotion of Life

www.splprolife.org
vita pro sacra

VISION: a focused pro-life campaign with a vision to access God's power through prayer, fasting, and peaceful vigil to end abortion.



AFFIX PASSPORT PHOTOGRAPH

Ref. No. 00021

REGISTRATION FORM

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 sheet of paper for extra details on individual's questions and sign each separate sheet.
2. An intending applicant must possess a valid e-passport
3. The form must be completed in block letters. Return completed form with photocopy of receipt of payment and four (4) colored passport photographs, in white background.
4. Consider each of your answer carefully. Accurate completion of the form will facilitate consideration of your application.
5. You are informed that the accuracy of any statement made on this application may be investigated.
6. Application forms not duly completed with Guarantor's Form and certificate of medical fitness issued by approved hospitals will not be accepted.
7. Please note that the Society for the Promotion of Life's decision on candidate's suitability is final and successful candidate who do not meet up with payment deadline will be dropped.
8. The Society for the Promotion of Life is not responsible for issuing visa, rather to assist you through the agency.
9. You are informed that your payment covers only your registration fees that qualifies you for conference, hotel and meals for the period of the conference only.
10. You must attend our seminar at least twice for proper orientations before your appointment with the Embassy.
11. Please note that your visa fees and registration fees are not refundable.



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SECTION I. GENERAL PERSONAL AND PHYSICAL DATA

(Please attach Certificate of fitness from a government Hospital)

Surname:		First Name:		Middle Name:	
Aliases (if any):					
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:					
Permanent Address:					
Telephone No.:					
Alternative Telephone No.:					
E-mail Address:					



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SECTION II. MARITAL STATUS AND INFORMATION ON SPOUSE AND CHILDREN

Marital status (Tick):	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Separated <input type="checkbox"/>
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:		
Resident Address:					
Telephone No.					
E-mail Address:					
Height (m):	Weight (kg):	Facial Marks:			
Skin Color:	Hair Color:	Eye Color:			
<u>Names of Children:</u>			<u>Ages:</u>		
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/Conference to.....

This acknowledge serves as an indication of consent for the purpose.

Signature:

Date:



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SECTION III. HEALTH INFORMATION

(Please attach Certificate of fitness from a Government Hospital)

(Please Tick)

1. Are you pregnant? (for females only)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you on any form of medication? (If yes, please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you have any form of physical challenges or disability? (If yes, please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you require any form of special assistance e.g a wheel chair? (If yes, please specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION IV. OCCUPATION/PROFESSION (please come with prove of employment)

(Please attach Certificate of fitness from a government Hospital)

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

SECTION V. SPONSOR (if any)

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



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SECTION VI. NEXT OF KIN DATA

Surname:	L.G.A	State:
First Name:		
Middle Name:		
Residential Address:	Passport No:	
	Date of Issue:	
	Place of Issue:	
Relationship:	Phone:	
Email Address:	Sex:	
Home Town:	Occupation:	
Date of Birth:	Place of Birth:	
Religion:	Denomination/ Sect:	

APPLICANT'S INFORMATION

1. Have you been deported from any country before? if yes, please give details. YES NO
2. Have you had any problem with immigration of any country? YES NO
3. Are you a member of any cult? if yes, please details below YES NO
4. Have you been convicted of any offence in the past 10 years YES NO
5. Have you had any visa before? YES NO
6. List the countries you have visited.

CERTIFICATION

I HAVE READ AND UNDERSTAND 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 OF REJECTIONS 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 LAWS/REGULATIONS TO THE SYMPOSIUM. I SHALL ALSO ABIDE BY THE LAWS OF THE COUNTRY, AND SHALL NOT DO ANYTHING THAT WILL TARNISH THE IMAGE OF MY COUNTRY, NIGERIA.

NAME:

APPLICANT'S SIGNATURE:

DATE:



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SUPER EARLY BIRD FULL PAYMENT METHOD

PAYMENT METHOD	NON ACCOMMODATION	ACCOMMODATION
FULL PAYMENT DEADLINE 15TH JULY, 2023	N650,000	N750,000

INSTALLMENT METHOD

FIRST PAYMENT DEADLINE 15TH JULY, 2023	N400,000	N500,000
FIRST PAYMENT DEADLINE 25TH JULY, 2023	N250,000	N250,000

EARLY BIRD FULL PAYMENT METHOD

PAYMENT METHOD	NON ACCOMMODATION	ACCOMMODATION
FULL PAYMENT DEADLINE 20TH AUG., 2023	N750,000	N850,000

INSTALLMENT METHOD

FIRST PAYMENT DEADLINE 20TH AUG., 2023	N400,000	N500,000
FIRST PAYMENT DEADLINE 25TH AUG., 2023	N350,000	N350,000

Kindly pay to : **SOCIETY FOR THE PROMOTION OF LIFE**

ZENITH BANK

1015356432 (For Naira)

5070787585 (For Dollars)