

EMBASSY OF BELGIUM IN NIGERIA

REGISTRATION FORM (however not compulsory, registration can be useful in case of emergency)

Family name:		First name(s):	
Date of birth:		Place of birth:	
Passport no.		Place of issue:	
		Date of issue:	
Date of arrival:		Expected date of departure:	
Blood type:		Do you want to be a donor?	YES NO
Health insurance:		Tel. no. health insurance	
Policy no.:			
Employer in Nigeria:		Employer abroad:	
Address:		Address:	
P.O.Box		P.O.Box:	
Tel.:		Tel.:	
Fax.:		Fax.:	
E-mail:		E-mail:	
Home address in Nigeria:		Private telephone no. in Nigeria:	
		Home e-mail in Nigeria:	
GPS coordinates of your home address (if known)			
Contact in case of emergency:		Tel.:	
Address:		Fax.:	
		E-mail:	

If your partner is with you, please fill out the following:			
Family name:		First name(s):	
Date of birth:		Place of birth:	
Passport no.:		Place of issue:	
Nationality:		Date of Issue:	
Date of arrival:		Expected date of departure:	
Blood type:		Do you want to be a donor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Health insurance:		Tel. no. health insurance:	
Policy no.:			
Employer in Nigeria:		Employer in Belgium:	
Physical address:		Physical address:	
P.O.Box		P.O.Box:	
Tel.:		Tel.:	
Fax.:		Fax.:	
E-mail:		E-mail:	
If your children are with you, please fill out the following:			
M / F	First name(s):	Date of birth:	Blood type:
M / F	First name(s):	Date of birth:	Blood type:
M / F	First name(s):	Date of birth:	Blood type:
M / F	First name(s):	Date of birth:	Blood type:

PLEASE ENCLOSE A PICTURE OF THE FRONT ENTRANCE OF YOUR HOUSE (TAKEN FROM THE STREET), AND A DRAWING OF THE SITUATION OF YOUR HOUSE (MENTIONING STREET NAMES, IMPORTANT LANDMARKS, ETC).

In order to maintain an up-to-date database, it would be appreciated if you could inform the Embassy when you permanently leave the country or when any changes occur.

Thank you for your co-operation.