



CONSULATE GENERAL OF NIGERIA

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PASSPORT ENROLLMENT INTERVIEW RESCHEDULE REQUEST

NAME(S):

(LAST) _____ (FIRST) _____

REF. NO. _____ ID NO. _____

(LAST) _____ (FIRST) _____

REF. NO. _____ ID NO. _____

NAME(S):

(LAST) _____ (FIRST) _____

REF. NO. _____ ID NO. _____

NAME(S):

(LAST) _____ (FIRST) _____

REF. NO. _____ ID NO. _____

Telephone Number _____ No. of Applicants: _____

E-mail address: _____

Schedule change FROM: ____/____/20__ TO ____/____/20__

MONTH DAY YEAR
(ORIGINAL APPOINTMENT DATE)

MONTH DAY YEAR
(REQUESTED DATE OF INTERVIEW)

COUNTRY/STATE: _____

REASON: _____

NOTE: Please fill out the form and attach a copy of your payment confirmation - <https://portal.immigration.gov.ng/visa/OnlineQueryStatus>
Please bring this document on your new approved interview date between 9:00AM to 12:00NN
Please visit www.nigeriahouse.com for updates on Holidays and Office closures .If change of schedule has been approved and offices are closed, you may come on the next working day.

APPROVED BY: _____

DATE _____

NOTE