

Annex A: MEDICAL

Name: -----

Passport number: -----

Applying date: -----

(PLEASE UNDERLINE WHERE APPLICABLE)

Is this your first passport?

YES/NO

If NO: is old passport attached?

YES/NO: If No, why? _____

Family status

Single / Married / Separated / Divorced / Widowed

(Attach marriage & birth certificate where applicable)

If married, is spouse traveling?

YES/NO: why? _____

Do you have **children**?

YES/NO: No. of children: _____

Ages: _____ How many are married? _____

Are you being accompanied?

YES/NO

Accompanied by:

.....

Do you have any **dependents**?

YES/NO:

Relationship

Age

Are you **employed** at the moment?

YES/NO

Type of employment

(a) Self Employed (please attach proof)

(a) Employee (please attach proof)

Name of Employer/Phone No.

.....

Job Designation:

Date of commencement:

Yearly income:

_____ Pay slip: YES/NO

Have you been granted leave?

YES/NO Paid/ Unpaid leave

Have you attended a tertiary Medical Institution in Nigeria?

YES/NO (please attach evidence)

Which hospital has treated you?

.....

Do you have a referral from a hospital?

YES/NO

Have you had any prior appointment with a hospital in Israel?

YES/NO (please attach evidence)

What type of treatment will you receive?

.....

What is the duration of the treatment?

.....

Where is your accommodation booked?

.....

Who is paying for this treatment?

(a) The applicant himself/herself

(b) Sponsor (Parent(s), Company, Organization)

(c) Others (specify).....

Relationship to the **sponsor**:

What is the cost of the treatment?

.....

Is proof of payment or funding submitted: YES/NO (please attach evidence)

Who will meet you at the airport?

Is this your first treatment at this hospital? YES/NO: If No, when was the last time?

How did you find out the information about this hospital?

Contact person & phone No. in Israel:

Mode of payment (a) Advance payment in cash (b) Bank transfer/travelers cheque (c) Others (please specify)

I declare that the particulars contained in this application are correct and have been made in awareness of the fact that they are to serve as a basis for the consideration of my application. I also declare that I have not committed any criminal offence or any act directed against the Jewish people or the security of the State of Israel. There is no judicial warrant against me and I am not wanted by the police of any country or have been issued with a restraining order.

Furthermore, I have not been denied entry into Israel. I am aware that if a preventive order of this kind has been issued against me, I will be denied entry into Israel, and will be sent back to my country of origin.

I am aware that the receipt of a visa does not in any way invalidate the right of the Israel Ministry of the Interior to deny my entry into the territory of the State of Israel, if it becomes clear that the visa was issued on the basis of false information.

Applicant's Signature: Date:..... Place.....