Please provide requested information. Answers mus .ast Name	•	SCAMABAO *							
·		ADDI	LICATION FOR N		VISA	Site:			_
.ast Name	st be legible, in En					oplicable.			
Last Name Sex (check one)			First Name Applicant's passpo photograph taken wi last six (6) mon					in the	
☐ Male ☐ Female			•				DO NOT STAPLE		
ate of Birth (DD MMM YYYY) Age		Civil Status (check one) Single Divorced Annulled				DO NOT STAFLE	•		
Place of Birth			No. of Contract	☐ Married ☐ Widowed	☐ Separated				
Email Address Contact Number Name of Compar			Name of Spouse:						
Vork Address		Name or Compan	ny or Employer (ii ap	эрпсавіе)	Occupation				
Home Address					Occupation				
Father's Name				Mother's Name					
Names and Ages of Children (if any; use a	additional shee	t if necessary)		Wother o Hamo					
Name of Traveling Companion (for applicar				Relationship of th	e Traveling Compa	anion to the Minor A	Applicant		
Passport Number Type of Passport (check one)			Place of Issue		Date of Issue (D		Valid Until (DD MMM YYY	Y)	
National ID Number		Regular Official	Port of Entry		,	Destination Afte	r the Philippines (if applica	ble)	
Purpose of Entry	ure Tourism	Diplomatic	Business	☐ Others (ple	ase specify):		Length of Stay in the Phil	lippine	
	cal Wellness		Official				(in days)		
Passport Reque	est Letter Recom bjection Letter fro	nmendation Letter om Employer or Rel or need Apostille Cert	evant Party	Police Clearance Proof of Financial Cap Flight Booking	_	l Booking Accomodat rs (please specify):	tion		
Additional requirements may be required upon proc	i f i								_
			answer the follow	ring questions:				Yes	No
Have you ever been issued a Philippine vi f yes, answer the following:	isa?								
atest Philippine Visa Control Number	2	Date	Issued (DD MMM)	/YYY)	Place of Issue			Ľ	Ĺ
Do you have a sponsor in the Philippines? If yes, answer the following: Name of Person or Organization: Contact Number or Email Address:								-	
Were you ever refused any kind of Philippine visa before and denied admission to the Philippines?							<u> </u>	_	
If yes, state the circumstances:									
Have you ever been afflicted with a communicable or mental disease of public health significance, dangerous physical or mental disorder, or been a drug abuser or addict? If yes, state the circumstances:									⊏
Have you previously worked or do you intend to work in the Philippines? If yes, please provide details:									
Do you have any communicable or other disease of public health significance, dangerous physical or mental disorder, or been a drug abuser or addict? If yes, please provide details:									
Have you ever been arrested or convicted of any offense or crime, even though subject of a pardon, amnesty, or other legal action in the Philippines or any other country? f yes, state the circumstances:									
Have you ever served in the military or served as a Foreign Agent of a foreign government?									
f yes, state the circumstances:							Ш		
I understand that I may enter the P	Philippines at th	e Port of Entry de	esignated by the Ph	nilippine Immigratio	n Authorities and	under the condition	imposed by those authorit	ties.	
	I solem	nnly swear that th	e foregoing stateme	ents are true to the	e best of my know	ledge.			
Date (DD MMM YYYY):									
Date (DD MMM YYYY):	•		_	-	Na	me and Signature o	f Applicant		

For Embassy | Consulate Official Use Only

as non-immigrant under Section

Remarks:

of the Philippine Immigration Act of 1940, as amended,

Non-Immigrant Visa No.

Document Number Service Number Series of

issued on OR Number