



# APPLICATION FOR IMMIGRANT VISA

**PLEASE TYPE OR PRINT ANSWERS LEGIBLY IN THE SPACES PROVIDED (IF NOT APPLICABLE WRITE (N/A))**

1. NAME AS WRITTEN IN PASSPORT		
2. LAST NAME (surname or family name)		
3. FIRST NAME (all given names)	5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
4. MIDDLE NAME	6. CITIZENSHIP	
7. DATE OF BIRTH (dd/mm/yyyy)	8. PLACE OF BIRTH (city, state or province, country)	
9. CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED		
10. IF MARRIED, NAME AND ADDRESS OF SPOUSE		
11a. TRAVEL DOCUMENT TYPE <input type="checkbox"/> PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT	11b. PASSPORT / TRAVEL DOCUMENT NUMBER	
11c. PLACE OF ISSUE (city, state or province, country)		
11d. DATE OF ISSUE (dd/mm/yyyy)	11e. DATE OF EXPIRY (dd/mm/yyyy)	
11f. VISA REQUESTED <input type="checkbox"/> NON-QUOTA IMMIGRANT <input type="checkbox"/> QUOTA IMMIGRANT	12. SUPPORTING DOCUMENTS	
13. INTENDED PORT OF ENTRY	14. EXPECTED DATE OF ARRIVAL IN THE PHILIPPINES	
15. HOME ADDRESSES FOR THE PAST 5 YEARS* (include apartment number, street, city, state or province, postal zone and country)		
ADDRESS	INCLUSIVE DATES	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
16. CURRENT HOME TELEPHONE NUMBER	17. E-MAIL ADDRESS	
18a. PRESENT OCCUPATION / RANK / POSITION		
18b. Since _____		
19. WORK ADDRESS (include no., street, city, state or province, postal zone, country)		
20. WORK TELEPHONE NUMBER	21. WORK FAX NUMBER	
22. REFERENCES AND/OR IMMEDIATE RELATIVES IN THE PHILIPPINES		
NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
23. DATE OF APPLICATION	24. SIGNATURE OF APPLICANT	

APPLICANT'S PHOTOGRAPH  
2 in. x 2 in.

1. Picture taken within the past 6 months
2. Front View
3. Without eyeglasses
4. Name and Signature on front of photograph

Staple or paste photo here

FOR OFFICIAL USE ONLY		
IMMIGRANT VISA NO.		
VISA SHEET NO.		
DATE OF ISSUE		
DATE OF EXPIRY		
IMMIGRANT VISA CLASSIFICATION		
<input type="checkbox"/> Quota Immigrant Quota No. _____		
<input type="checkbox"/> Non-Quota Immigrant under Section _____ of the Philippine Immigration Act of 1940 as amended.		
VISA ISSUED TO		
CITIZENSHIP		
BEARER'S TRAVEL DOCUMENT		
Type _____		
No. _____		
Date of Issue _____		
Date of Expiry _____		
Issuing Authority _____		
VISA APPROVED/DENIED BY		
SERVICE NO.	FEE	O.R. NUMBER
RECEIVER	CASHIER	LOL
PROCESSOR	SCRIPTER	ENCODER

25. OCCUPATION  _____	26. NAME AND ADDRESS OF EMPLOYER IN THE PHILIPPINES  _____
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27. ADDRESS IN THE PHILIPPINES WHERE THE APPLICANT INTENDS TO SETTLE (include apartment number, street, city, state or province, postal zone )  
  
\_\_\_\_\_

28. ON WHAT BASIS DO YOU CLAIM TO BE A  PREFERENCE QUOTA IMMIGRANT  NON-QUOTA IMMIGRANT? ( state basis of your claim )  
  
\_\_\_\_\_

29. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?  YES ( specify crime and date of conviction )  NO  
  
\_\_\_\_\_

30. HAVE YOU EVER BEEN REFUSED ANY KIND OF VISA FOR THE PHILIPPINES, DENIED ADMISSION INTO, DEPORTED OR REMOVED AT GOVERNMENT EXPENSE FROM THE PHILIPPINES?  YES ( state circumstances and date of refusal/denied admission/deportation/removal )  NO  
  
\_\_\_\_\_

31. HAVE YOU EVER BEEN INSTITUTIONALIZED FOR ANY MENTAL DISORDER?  YES ( state particulars and date of institutionalization )  NO  
  
\_\_\_\_\_

32. HOW WILL YOU SUBMIT THIS APPLICATION?  
 PERSONAL  MAIL / COURIER  TRAVEL AGENCY / REPRESENTATIVE \_\_\_\_\_  
Name of Travel Agency / Authorized Representative

33. DO YOU HAVE ANY PHYSICAL DEFECT OR CONTAGIOUS DISEASE?  YES ( state defect or disease and other particulars )  NO  
  
\_\_\_\_\_

**IMPORTANT: IF APPLICANT IS UNABLE TO APPLY IN PERSON THIS FORM SHALL BE NOTARIZED**

34. I understand that I may enter the Philippines at the port of entry designated by the Philippine Immigration Authorities under the conditions imposed by those authorities.  
I solemnly swear under penalty of law that the foregoing statements are true and correct and the attached supporting documents are authentic.

\_\_\_\_\_  
Signature of Applicant Over Printed Name

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, CY \_\_\_\_\_, at \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Consul of the Republic of the Philippines

**FOR OFFICIAL USE ONLY**

REMARKS	Doc. No.	
	Series	
	Service No.	
	O.R. No.	
	Fee	
TRAVEL DOCUMENT RELEASED TO		
_____ PRINTED NAME AND SIGNATURE		
DATE RECEIVED / MAILED	MAIL/COURIER TRACKING NO.	