



FA FORM NO. 3
 21 JANUARY 2009

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		
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

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.



REVISED 21 JANUARY 2009

MEDICAL EXAMINATION OF VISA APPLICANT

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

PLACE		DATE	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
CITY		COUNTRY	
I CERTIFY THAT ON THE ABOVE DATE I EXAMINED			
NAME			
AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CITIZENSHIP	

And that under Philippine Immigration Regulations the applicant should be classified as follows:
 (encircle the appropriate class)

CLASS A	<u>DANGEROUS CONTAGIOUS DISEASES</u> Chancroid, Gonorrhoea, Granuloma Inguinale, Leprosy (Infectious), Lymphogranuloma Venerum, Syphilis (Infectious Stage), Tuberculosis (Active), and AIDS <u>SERIOUS MENTAL DISORDERS</u> Mental Retardation (mental deficiency), Insanity, Antisocial Personality, Mental Defects, Epilepsy, Sexual Deviation, Narcotic Drug Addiction, Chronic Alcoholism
CLASS B	<u>IF NOT CLASS A</u> Person having physical defects, disease or disability serious in degree or permanent in nature that will impair his or her ability to earn a living as to make them likely to be a public charge
CLASS C	<u>MINOR CONDITIONS</u>

MEDICAL CONDITIONS

1. Pertinent medical history:
2. Significant physical examination:
3. Chest X-ray report: (For ages 11 yrs. and above)
 - Present X-ray film (14 x 17 inches)
4. Laboratory Examination : (Attach laboratory reports)
 - A: Blood serology: (Ages 15 years and above)
 - B: Urine: (Ages 1 year and above)
 - C: Stool: (Ages 1 year and above)
 - D: Other examination(s) if necessary:
5. Not physically and mentally defective or diseased

Examining Physician (Print Full Name)

Address and Telephone Number(s)

 Signature of Examining Physician