



APPLICATION FOR NON-IMMIGRANT VISA

FA FORM NO. 2 (14 JANUARY 2009)

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

1. NAME AS WRITTEN ON PASSPORT 2. LAST NAME (surname or family name) 3. FIRST NAME (all given names) 4. MIDDLE NAME 5. CITIZENSHIP 6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE 7. DATE OF BIRTH (dd/mm/yyyy) 8. PLACE OF BIRTH (city, state or province, country) 9. CIVIL STATUS <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED 10. OCCUPATION 11. IF MARRIED, NAME AND ADDRESS OF SPOUSE, OR IF WIDOWED, NAME OF DECEASED SPOUSE 12a. TRAVEL DOCUMENT TYPE <input type="checkbox"/> PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT 12b. PASSPORT / TRAVEL DOCUMENT NUMBER 12c. PLACE OF ISSUE 12d. DATE OF ISSUE (dd/mm/yyyy) 12e. EXPIRY DATE (dd/mm/yyyy) 13. PURPOSE OF TRIP TO THE PHILIPPINES 14. PORT OF ENTRY 15. ENTRIES REQUESTED: <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE 3/6 MONTHS <input type="checkbox"/> MULTIPLE 1 YEAR 16. INTENDED LENGTH OF STAY 17. EXPECTED DATE OF ARRIVAL 18. SUPPORTING DOCUMENT(S) SUBMITTED: <input type="checkbox"/> AIRLINE TICKET <input type="checkbox"/> ITINERARY <input type="checkbox"/> PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT <input type="checkbox"/> BANK STATEMENT <input type="checkbox"/> OTHERS: _____ 19. HOME ADDRESS IN U.S. OR COUNTRY OF RESIDENCE (house no., street, city, state, country, postal zone) 20. MAILING ADDRESS (house no., street, city, state or province, country, postal zone) 21. HOME TELEPHONE NUMBER 22. E-MAIL ADDRESS 23. WORK ADDRESS 24. WORK OR CONTACT TELEPHONE NUMBER 25. FAX NUMBER 26. ADDRESS IN THE PHILIPPINES (house no., street, town or city, state or province, postal zone) 27. NAME OF PERSONS TRAVELLING WITH APPLICANT AND INCLUDED IN PASSPORT OR TRAVEL DOCUMENT <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">NAME</th> <th style="width:30%;">AGE</th> <th style="width:40%;">SEX</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> 28. REFERENCES AND /OR IMMEDIATE RELATIVES IN THE PHILIPPINES <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:60%;">NAME</th> <th style="width:40%;">ADDRESS</th> </tr> <tr> <td>a. _____</td> <td>_____</td> </tr> <tr> <td>b. _____</td> <td>_____</td> </tr> <tr> <td>c. _____</td> <td>_____</td> </tr> </table> 29. WERE YOU EVER REFUSED ANY KIND OF VISA, OR DENIED ADMISSION INTO OR DEPORTED/REMOVED FROM THE PHILIPPINES AT GOVERNMENT EXPENSE? <input type="checkbox"/> YES (If yes, provide details) * <input type="checkbox"/> NO 30. HAVE YOU EVER BEEN CHARGED OR CONVICTED OF ANY CRIMINAL OFFENSE IN ANY COUNTRY? <input type="checkbox"/> YES (If yes, provide details) * <input type="checkbox"/> NO 31. DO YOU HAVE ANY COMMUNICABLE DISEASE OR HISTORY OF MENTAL ILLNESS? (If yes, provide details) * <input type="checkbox"/> YES <input type="checkbox"/> NO 32. VISA STATUS IN U.S. OR PLACE OF APPLICATION 33. ALIEN CERTIFICATE OF REGISTRATION NO.		NAME	AGE	SEX				NAME	ADDRESS	a. _____	_____	b. _____	_____	c. _____	_____	<div style="text-align: center;"> 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 bottom of photograph Staple or paste photo here </div> <div style="text-align: center; background-color: #cccccc; padding: 2px;"> FOR OFFICIAL USE ONLY </div> VISA NO. VISA SHEET NO. DATE OF ISSUE / REFUSAL DATE OF EXPIRY VISA CLASSIFICATION Non-Immigrant under Section _____ of the Philippine Immigration Act of 1940 as amended. PURPOSE <input type="checkbox"/> BUSINESS <input type="checkbox"/> PLEASURE <input type="checkbox"/> OTHERS: _____ NUMBER OF ENTRIES <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE 3/6 MONTHS <input type="checkbox"/> MULTIPLE 1 YEAR ANNOTATION <input type="checkbox"/> AUTHORIZED STAY NOT EXCEED 21 DAYS <input type="checkbox"/> AUTHORIZED STAY NOT EXCEED 59 DAYS <input type="checkbox"/> OTHERS: _____ DATE OF RECEIPT OF APPLICATION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">RECEIVER</td> <td style="width:33%;">CASHIER</td> <td style="width:33%;">LOL</td> </tr> <tr> <td>PROCESSOR</td> <td>SCRIPTER</td> <td>ENCODER</td> </tr> <tr> <td>FEE</td> <td>O.R. NUMBER</td> <td>SERVICE NO.</td> </tr> </table> VISA APPROVED / DENIED BY DOCUMENT RELEASED TO PRINTED NAME AND SIGNATURE DATE RECEIVED MAIL/COURIER TRACKING NUMBER 34. DATE OF APPLICATION 35. SIGNATURE OF APPLICANT	RECEIVER	CASHIER	LOL	PROCESSOR	SCRIPTER	ENCODER	FEE	O.R. NUMBER	SERVICE NO.
NAME	AGE	SEX																							
NAME	ADDRESS																								
a. _____	_____																								
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c. _____	_____																								
RECEIVER	CASHIER	LOL																							
PROCESSOR	SCRIPTER	ENCODER																							
FEE	O.R. NUMBER	SERVICE NO.																							

APPLICATION SHALL BE COMPLETELY ACCOMPLISHED, ANSWERS TYPED OR PRINTED LEGIBLY AND ALL REQUIREMENTS SUBMITTED, OTHERWISE APPLICATION SHALL BE RETURNED UNPROCESSED.

* ADDITIONAL SPACE TO ANSWER NO. 29, 30 OR 31

36.

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 all supporting documents are authentic.

_____ Date of Application

_____ Printed Name and Signature of Applicant

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

37.

SUBSCRIBED AND SWORN to before me this _____ day of _____ 200_____

at _____, the affiant exhibiting the following

identification (type) _____ number _____,

issued at _____, on _____.

_____ NOTARY PUBLIC

_____ CONSUL

FOR OFFICIAL USE ONLY