

FOREIGN SERVICE OF THE PHILIPPINES
PHILIPPINE EMBASSY, KUALA LUMPUR

APPLICATION FOR NON-IMMIGRANT VISA

| | | | |
|--|------------|----------------|--|
| Surname | First Name | Middle Name | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of Birth: | | Citizenship | |
| Place of Birth: | | | |
| Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | | | |
| If married, state name and address of spouse: | | | |
| Applicant's Address: | | Since: | |
| Occupation : | | Since: | |
| Telephone No.: | | | |
| Name's and ages of Children, if any: | | | |
| Father's Name: | | Mother's Name: | |
| Description of Passport or Travel Document: Type _____ No.: _____ Issued by: _____ Date of Issue _____ Valid Until _____ Port of Entry: _____ Purpose of Entry: _____ Length of Stay _____ Other persons traveling with applicant under the same Passport or Travel Document: | | | |
| Address in the Philippines: | | | |
| Name | | Address | |
| 1. | | | |
| 2. | | | |
| Destination in the Philippines: | | | |
| Supporting documents submitted and offered for inspection in support of visa application: | | | |
| Have you been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details: | | | |

Do you have any communicable disease? Yes No
If yes, provide details:

Do you have a history of mental illness? Yes No
If yes, provide details:

Were you ever refused of any kind of Philippine visa, denied admission into or deported from the Philippines and removed at government expense from the Philippines and other countries? If yes, state circumstances:

I understand that I may enter the Philippines at the Port of Entry designated by the Philippine Immigration Authorities and under the conditions imposed by those authorities.

I solemnly swear that the foregoing statements are true to the best of my knowledge:

Date: _____

(Signature of Applicant)

SUBSCRIBED AND SWORN to before me this _____ day of _____

Consul of the Republic of the Philippines

(For Official Use only)

Non-Immigrant Visa No. _____ under Section _____ of _____
The Philippine Immigration Act of 1940, as amended issued to _____ on _____ and _____
valid until _____

Service No. _____
OR No. _____
Fee Paid _____

Remarks, if any: _____

Consul of the Republic of the Philippines