



APPLICATION FOR IMMIGRANT VISA
 (QUOTA / NON-QUOTA)

FA FORM NO. 3 (proposed) JULY 2004

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 (given names)	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5. MIDDLE NAME (mothers maiden surname, or if married applicant's maiden surname)	6. CITIZENSHIP
7. DATE OF BIRTH (mm/dd/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 (mm/dd/yyyy)	11e. DATE OF EXPIRY (mm/dd/yyyy)
12a. VISA REQUESTED <input type="checkbox"/> NON-QUOTA IMMIGRANT <input type="checkbox"/> QUOTA IMMIGRANT <input type="checkbox"/> OTHERS	
12b. SUPPORTING DOCUMENTS <input type="checkbox"/> PASSPORT <input type="checkbox"/> BANK STATEMENT <input type="checkbox"/> AFFIDAVIT OF SUPPORT <input type="checkbox"/> OTHERS	
13. INTENDED PORT OF ENTRY	14. EXPECTED DATE OF ARRIVAL IN THE PHILIPPINES
15. HOME ADDRESS(ES) FOR THE PAST 5 YEARS* (include house number, street, city, state or province, postal zone and country) ADDRESS _____ INCLUSIVE DATES _____ _____ _____ _____ _____	
16. HOME TELEPHONE NUMBER	17. E-MAIL ADDRESS
18a. PRESENT OCCUPATION / RANK / POSITION	18b. Since
19. WORK ADDRESS	
20. WORK TELEPHONE NUMBER	21. WORK FAX NUMBER
22. REFERENCES AND /OR IMMEDIATE RELATIVES IN THE PHILIPPINES NAME _____ ADDRESS _____ RELATIONSHIP _____ _____ _____ _____	
23. OCCUPATION	24. NAME AND ADDRESS OF EMPLOYER IN THE PHILIPPINES
25. ADDRESS IN THE PHILIPPINES WHERE THE APPLICANT INTENDS TO SETTLE * (Include apartment number, street, city, state or province, postal zone)	

APPLICANT'S PHOTOGRAPH
2 in. x 2 in.

1. Picture taken within the past, 6 months
2. Front View
3. Without eyeglasses
4. Write name at front bottom of photograph

Staple or paste photo here

FOR OFFICIAL USE ONLY

IMMIGRANT VISA NO.		
VISA SHEET NO.		
DATE OF ISSUE / REFUSAL		
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.		
ANNOTATION/REASON FOR REFUSAL		
RECEIVER	CASHIER	LOL
PROCESSOR	SCRIPTER	ENCODER
SIGNING OFFICER		
FEE	O.R. NUMBER	SERVICE NO.
REMARKS		
TRAVEL DOCUMENT RELEASED TO:		
PRINTED NAME AND SIGNATURE		
DATE RECEIVED: _____		

26. BASIS FOR APPLICATION CLAIM TO BE Preference Quota Immigrant Non-Quota Immigrant Others _____
 State fact on which you base your claim _____

27. Have you ever been refused a visa of any kind at a Philippine diplomatic or consular office, or been denied admission into the Philippines, or been deported or removed at government expense from the Philippines?
 No
 Yes (state circumstances) _____

28. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? IF YES, PLEASE PROVIDE DETAILS;
 NO YES (state circumstances) _____

29. WERE YOU EVER REFUSED ANY KIND OF VISA FOR, DENIED ADMISSION INTO OR DEPORTED / REMOVED AT GOVERNMENT EXPENSE FROM THE PHILIPPINES?
 NO YES (state circumstances) _____

30. HOW WILL YOU SUBMIT THIS APPLICATION?
 PERSONAL MAIL / COURIER TRAVEL AGENCY / REPRESENTATIVE Name of Representative: _____

31. HAVE YOU EVER BEEN INSTITUTIONALIZED FOR ANY MENTAL DISORDER?
 NO
 YES (state particulars) _____

32. DO YOU HAVE PHYSICAL DEFECT OR CONTAGIOUS DISEASE?
 NO
 YES (state particulars) _____

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

33. 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 that the foregoing statements are true and correct to the best of my knowledge.

 SUBSCRIBED AND SWORN to before me this _____
 day of _____, 200 ____ .

NOTARY PUBLIC

EMBASSY SEAL

Signature of Applicant

Consul of the Republic of the Philippines

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PHILIPPINE IMMIGRANT VISA NO. _____
 Quota Immigrant Non-Quota Immigrant Under Section _____
 Quota no. _____ of the Philippine Immigration Act of 1940, as amended.

Issued to _____	Date of issue of Visa _____
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Nationality _____	Date of expiry of Visa _____
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Bearer has the following travel document:

Type _____	Date of Issue _____
No. _____	Valid Until _____

Issued by: _____

 Consul of the Republic of the Philippines

Fee : US\$ _____

O.R. No. : _____



JULY 2004

MEDICAL CERTIFICATE 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. Write name at front bottom 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, Greuloms, Inguinale, Leprosy (Infectious) Lymphogranulums 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 permanently in nature that will impair their ability to learn 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 nor mentally defective or diseased _____

Examining Physical (Print Full Name)

Address and Telephone Number(s)

 Signature of Examining Physician