FOREIGN SERVICE OF THE PHILIPPINES

Consulate General of the Republic of the Philippines, EML Building, Ground Foor, No. 61, W.A.D. Ramanayake Mawatha, Colombo -02 PHOTO ATTACH (Do not Paste) 2" X 2"

$\underline{\textbf{APPLICATION FOR NON-IMMIGRANT VISA}} \quad \textbf{(TO BE FILLED IN BLOCK LETTERS)}$

SURNAME		Oı	THER NAME					() Male () Female	
DATE OF BIRTH (Day/Month/Year)	PI.ACI	E OF BIRTH	CITY:	DD.C	OVINC	TE: CC	OUNTRY:	CITIZENSHIP	
DATE OF BIKTH (Day/Monthly real)	FIACI	L OI BIKIII	OIII.	FIC) v II v C	JE. CC	ONIKI.	CITIZENSIIIF	
PRESENT ADDRESS: No. Str	eet	Town/Provinc	e Country Po	stal Code	Tel/N	Mob Nos.			
			,						
OCCUPATION:						FINANCIAL I	VIEANS OF SUPI	PORT WHILE IN THE	
Company Name: Address:					PHILIPPINES:				
Telephone No.:		Mob No.:							
	RRIED (() WIDOWE	D ()DIVC	DRCED (() SE	EPARATED			
If married, surname name and ad Name:	uress or s	spouse.							
Address: Full Name of Father:				Full Man	no of	Mother			
				Full Name of Mother:					
PASSPORT NUMBER:	DATE OF	OF ISSUE: (Day/Month/Year)		ISSUED IN:			VALID UNTIL:(Day/Month/Year)		
OTHER PERSON (S) TRAVELLING TO (APPLICANT U EPARATE PASS						
PURPOSE OF VISIT TO PHILIPPINES:		LENGTH OF STAY:			PORT OF ENTRY IN THE PHILIPPINES				
DESTINATION/ IN THE PHILIPPINES:	DESTINATION/ IN THE PHILIPPINES: ADDRESS IN THE PHILIPPINES:								
REFERENCE/CONTACT PERSON IN THE PHILIPPINES: (Name / Address / Contact Number)									
Supporting Documents submitted and	offered fo	or inspection in	n support of v	risa applic	ation	:			
Have you been convicted of any crime?	() Yes		() No.						
If Yes, Provide details: Do you have a communicable disease? If Yes, provide details:	() Yes		() No.						
Do you have a history of mental illness? If yes, provide details:	() Yes		() No.						
Were you ever refused any kind of Philippi Deported from the Philippines and remove				No. ()?	Yes				
Philippines and other countries?	a at 90.011.		()		- 00				
If Yes, Provide details: I understand that I may enter the Philipp	ines at the	Port of Entry de	signated by the	e Philippine	s Imn	nigration Authorit	ties and Under the	conditions imposed by those	
authorities. I solemnly swear that the foregoing state	ments are t	rue to the best o	of my knowledg	re:					
							Signature	of Applicant	
Consul General of the Republic of t	he Philipp	pines	Date						
IMPORTANT: IF APPLICANT IS UN	ABLE TO	APPLY IN P	ERSON, THIS	S FORM N	TZUIN	BE NOTARIZ	ED.		
SUBSCRIBED AND SWORN to before r	ne this		day	7 of			at		
The affiant exhibiting the following identification issued at	entificatio	n (type)							
issued at						011			
							Notary	Public	
(For Official use only)									
Non-immigrant Visa No								mmigration act of 1940,	
as amended issued to								Consular notation ies:	
Service No:O.R. I							_ :		
Processor		_ _				Consul Gen	eral of the Repu	ıblic of the Philippines	