



APPLICATION FOR NON-IMMIGRANT VISA

1	NAME			
		(LAST NAME)	(FIRST NAME/S)	(MIDDLE NAME)
2	DATE OF BIRTH:	PLACE OF BIRTH:		
3	CITIZENSHIP		SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4	CIVIL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OTHER		
5	PRESENT ADDRESS:			
	TELEPHONE NUMBER(S)			
6	NAME OF SPOUSE, IF MARRIED			
7	CITIZENSHIP OF SPOUSE			
8	OCCUPATION (APPLICANT):			
	NAME OF EMPLOYER / COMPANY:			
9	PASSPORT NUMBER		ISSUING AUTHORITY	
	DATE OF ISSUE		DATE OF EXPIRY	
10	PURPOSE OF TRAVEL			
11	LENGTH OF INTENDED STAY IN THE PHILIPPINES			
12	DATE OF TRAVEL			
13	FINANCIAL MEANS TO SUPPORT YOUR TRAVEL			
14	NAME AND COMPLETE ADDRESS OF REFERENCE/CONTACT (PERSON/COMPANY) IN THE NETHERLANDS:			
15	NAME AND COMPLETE ADDRESS OF REFERENCE/CONTACT (PERSON/COMPANY) IN THE PHILIPPINES:			
16	PLACE(S) TO VISIT IN THE PHILIPPINES:			
17	NEXT DESTINATION AFTER LEAVING THE PHILIPPINES			
18	WERE YOU EVER REFUSED ANY KIND OF VISA, DENIED ADMISSION INTO OR DEPORTED AT GOVERNMENT EXPENSE FROM THE PHILIPPINES? <input type="checkbox"/> NO <input type="checkbox"/> YES, IF YES, STATE CIRCUMSTANCES.			
19	HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR ANY OFFENSE OR CRIME, EVEN THOUGH SUBJECT OF A PARDON, AMNESTY, OR OTHER LEGAL ACTION? <input type="checkbox"/> NO <input type="checkbox"/> YES, IF YES, STATE CIRCUMSTANCES.			

20. HAVE YOU EVER BEEN AFFLICTED WITH A COMMUNICABLE DISEASE OF PUBLIC HEALTH SIGNIFICANCE, A DANGEROUS PHYSICAL OR MENTAL DISORDER, OR BEEN A DRUG ABUSER OR ADDICT? NO YES

I UNDERSTAND THAT I MAY ONLY ENTER THE PHILIPPINES AT A PORT OF ENTRY DESIGNATED BY THE PHILIPPINE IMMIGRATION AUTHORITY AND THE PERMISSION OF AND UNDER THE CONDITIONS, INCLUDING GIVING OF A BOND, IMPOSED BY THOSE AUTHORITIES.

I SOLEMNLY SWEAR THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME ON _____ IN THE CITY OF THE HAGUE, THE NETHERLANDS.

(SIGNATURE OF CONSULAR OFFICER/
NOTARY PUBLIC)

PHOTO

VISA NO. _____ GRANTED ON _____
UNTIL _____ AS NON-IMMIGRANT UNDER SECTION
_____ OF THE PHILIPPINES IMMIGRATION ACT OF 1940.

FEE: _____
O.R. NO. _____
SERVICE NO. _____
SERIES OF _____

CONSULAR NOTATION
