

Number of Entries Requested
 Single-Entry
 Multiple-Entry



Foreign Service of the Philippines
 Philippine Consulate General, Frankfurt, Germany

FA Form No.2

APPLICATION FOR NON-IMMIGRANT VISA

Please provide requested information. Answers must be in English, legibly in BLOCK letters. Use BLUE or BLACK PEN and write "N/A" if not applicable.

Surname		First name		Applicant's Passport-size Photograph taken within the last 6 months DO NOT STAPLE	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Citizenship			
Place of Birth		Date of Birth (dd/mm/yy)			
Age		Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married Name of spouse: _____ <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed			
Contact No.					
Home Address					
Occupation		Office of Employment and Address			
Father's Name			Mother's name		
Name and ages of Children, if any:					
Passport No.		Issued by:	Date of Issue (dd/mm/yy)	Valid Until (dd/mm/yy)	
Purpose of Entry: <input type="checkbox"/> Leisure <input type="checkbox"/> Wellness		<input type="checkbox"/> Business <input type="checkbox"/> Official Business		Others: _____	
Length of stay in the Philippines () days					
Port of Entry		National ID No.	Destination after the Philippines (if applicable)		
List of Documents Submitted: <input type="checkbox"/> Original Passport <input type="checkbox"/> Proof of Financial Capacity <input type="checkbox"/> Invitation letter <input type="checkbox"/> Air Ticket <input type="checkbox"/> National ID <input type="checkbox"/> Others (please specify) _____					
<i>Please answer the following questions:</i>				Yes	No
Have you ever been issued a Philippine visa?					
Do you have a sponsor in the Philippines? Name: _____ Contact No.: _____					
Were you ever been refused any kind of Philippine visa before and denied admission into the Philippines? If yes, state circumstances: _____					
Have you ever been afflicted with a communicable or mental disease of public health significance, dangerous physical or mental disorder, or been a drug abuser or addict? If yes, state circumstances: _____					
Have you previously worked or do you intend to work in the Philippines? If Yes, please provide details: _____					
Do you have any communicable or other disease of public health significance, dangerous physical or mental disorder, or been a drug abuser or addict? If Yes, please provide details: _____					
Have you ever been arrested or convicted of any offense or crime, even though subject of a pardon, amnesty, or other legal action in the Philippines or any other country? If Yes, state the circumstances. _____					
Have you ever served in the military or served as a Foreign Agent of a foreign government? If yes, state the circumstances. _____					

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

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

Date: _____ (dd/mm/yyyy)

 Name and Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY OF _____.

 Consul of the Republic of the Philippines

-----For Embassy/Consulate Official Use Only-----

Visa no. _____ as non-immigrant under Section (_____) of the Philippine Immigration Act of 1940, as amended.

OR No.:	Remarks:	(seal) _____ Consul of the Republic of the Philippines
Fee:		
SN:		
LOL:		