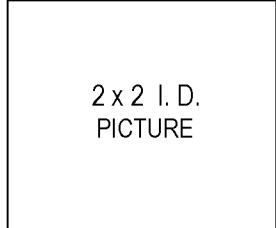


Republic of the Philippines  
EXCHANGE VISITORS PROGRAM COMMITTEE  
Manila, Philippines

APPLICATION FOR STATEMENT OF "NO-OBJECTION"  
TO WAIVE TWO-YEAR HOME RESIDENCE REQUIREMENT  
FOR EXCHANGE VISITORS PROGRAM (EVP) PARTICIPANTS



EVP Form 02H0573

REF. NO.

NOTE: Please type or write legibly. Use additional papers if necessary. Please do not leave any blanks or questions unanswered. Write N/A if not applicable.

NAME \_\_\_\_\_ SEX ( ) Male ( ) Female  
(Last) (First) (Middle)

CIVIL STATUS ( ) Single ( ) Married ( ) Widowed ( ) Separated ( ) Divorced

MAIDEN NAME (If married) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
(Day/Month/Year) (Town/Province)

NATIONALITY \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_ RELIGION \_\_\_\_\_

PASSPORT NUMBER \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_ PLACE OF ISSUE \_\_\_\_\_

NAME OF \_\_\_\_\_ NATIONALITY \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
SPOUSE (Last) (First) (Middle)

CHILDREN (If any):

NAME	DATE OF BIRTH	PLACE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHIL. HOME ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
\_\_\_\_\_ FAX. NO. \_\_\_\_\_

PHIL. PROVINCIAL ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_

U.S. ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_  
\_\_\_\_\_ TEL. NO. \_\_\_\_\_

IMMEDIATE RELATIVE IN THE PHILIPPINES.

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_

EMPLOYER/COMPANY AT THE TIME OF DEPARTURE FOR THE TRAINING PROGRAM:

NAME \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_ TEL. NO. \_\_\_\_\_

\_\_\_\_\_ FAX. NO. \_\_\_\_\_

HOW WAS YOUR EVP FINANCED?

GOVERNMENT FINANCED (Specify the Agency) \_\_\_\_\_

PERSONALLY FINANCED

NON-GOVERNMENT ORGANIZATION FINANCED (Specify the Organization) \_\_\_\_\_

DATE AND PLACE OF ENTRY TO THE U.S. \_\_\_\_\_

LIST OF EXCHANGE VISITORS PROGRAM/S PARTICIPATED	PROGRAM NUMBER	INCLUSIVE DATE
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASONS FOR A "NO-OBJECTION" OR WAIVER STATEMENT (Please enclose supporting documents)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby declare under penalties of perjury that the answers given above are true and correct to the best of my knowledge and belief.

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Place and Date Accomplished

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Signature over Printed Name

APPLICANT'S PRESENT ADDRESS:

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SERVICE FEE: US\$ 150.00  
Official Receipt No. \_\_\_\_\_

NOTE:

1. Application Form should be accomplished in six (6) copies.
2. Documents coming from the United States should be authenticated by the Philippine Consulate/Embassy.
3. This application form should be accompanied by supporting documents.