

Number of Entries Requested
<input type="checkbox"/> Single-Entry
<input type="checkbox"/> Multiple-Entry



Foreign Service of the Philippines
Philippine Consulate General New York

FA Form No.2A

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		Given name/s		Applicant's Passport-size Photograph taken within the last 6 months DO NOT STAPLE	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship		Date of Birth (dd/mmm/yyyy)		
Age	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced <input type="checkbox"/> Married Name of spouse: _____				
Contact/Mobile Number					
Email					
Home Address					
Occupation		Office of Employment and Address			
Father's Name			Mother's name		
Name and ages of Children, if any:(use extra sheet if necessary)					
Passport No.	Issued by:	Date of Issue (dd/mmm/yyyy)	Valid Until (dd/mm/yyyy)		
Purpose of Entry: <input type="checkbox"/> Leisure <input type="checkbox"/> Wellness	<input type="checkbox"/> Business <input type="checkbox"/> Official Business	Port of entry	Length of stay in the Philippines () days		
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) _____					
Please answer the following questions:				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? If yes, state the circumstances. _____					

I understand that entry into the Philippines at the Port of Entry designated by the Philippine Immigration Authorities is dependent on the condition imposed by those authorities.

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

Date: _____ (dd/mmm/yyyy)

Name and Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY OF _____.

Officer Authorized to Administer Oath

-----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)
Fee:		
SN:		
		_____ Consul of the Republic of the Philippines