



FA FORM NO. 2  
 14 OCTOBER 2004 USA

**APPLICATION FOR NON-IMMIGRANT VISA**

PLEASE TYPE OR PRINT ANSWERS LEGIBLY IN THE SPACES PROVIDED, IF NOT APPLICABLE WRITE N/A.										
1. NAME AS WRITTEN ON PASSPORT		<b>APPLICANT'S PHOTOGRAPH</b> 2 in. x 2 in.  1. Picture taken within the past 6 months 2. Front View 3. Without eyeglasses 4. Name and Signature on front bottom of photograph  Staple or paste photo here								
2. LAST NAME (surname or family name)										
3. FIRST NAME (all given names)										
4. MIDDLE NAME										
5. CITIZENSHIP	6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	7. DATE OF BIRTH (dd/mm/yyyy)								
8. PLACE OF BIRTH (city, state or province, country)		9. CIVIL STATUS <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED								
10. OCCUPATION										
11. IF MARRIED, NAME AND ADDRESS OF SPOUSE, OR IF WIDOWED, NAME OF DECEASED SPOUSE										
12a. TRAVEL DOCUMENT TYPE <input type="checkbox"/> PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT	12b. PASSPORT / TRAVEL DOCUMENT NUMBER									
12c. PLACE OF ISSUE	12d. DATE OF ISSUE (dd/mm/yyyy)	12e. EXPIRY DATE (dd/mm/yyyy)								
13. PURPOSE OF TRIP TO THE PHILIPPINES	14. PORT OF ENTRY	15. ENTRIES REQUESTED <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE 3/6 MONTHS <input type="checkbox"/> MULTIPLE 1 YEAR								
16. INTENDED LENGTH OF STAY	17. EXPECTED DATE OF ARRIVAL									
18. SUPPORTING DOCUMENT(S) SUBMITTED: <input type="checkbox"/> PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT <input type="checkbox"/> BANK STATEMENT <input type="checkbox"/> AIRLINE TICKET <input type="checkbox"/> ITINERARY <input type="checkbox"/> OTHERS: _____										
19. HOME ADDRESS IN U.S. OR COUNTRY OF RESIDENCE (house no., street, city, state, country, postal zone)										
20. MAILING ADDRESS (house no., street, city, state or province, country, postal zone)										
21. HOME TELEPHONE NUMBER	22. E-MAIL ADDRESS									
23. WORK ADDRESS										
24. WORK OR CONTACT TELEPHONE NUMBER	25. FAX NUMBER									
26. ADDRESS IN THE PHILIPPINES (house no., street, town or city, state or province, postal zone)										
27. NAME OF PERSONS TRAVELLING WITH APPLICANT AND INCLUDED IN PASSPORT OR TRAVEL DOCUMENT <table style="width:100%; border: none;"> <tr> <td style="width: 60%; text-align: center;">NAME</td> <td style="width: 20%; text-align: center;">AGE</td> <td style="width: 20%; text-align: center;">SEX</td> </tr> </table>			NAME	AGE	SEX					
NAME	AGE	SEX								
28. REFERENCES AND /OR IMMEDIATE RELATIVES IN THE PHILIPPINES <table style="width:100%; border: none;"> <tr> <td style="width: 60%; text-align: center;">NAME</td> <td style="width: 40%; text-align: center;">ADDRESS</td> </tr> <tr> <td>a. _____</td> <td>_____</td> </tr> <tr> <td>b. _____</td> <td>_____</td> </tr> <tr> <td>c. _____</td> <td>_____</td> </tr> </table>			NAME	ADDRESS	a. _____	_____	b. _____	_____	c. _____	_____
NAME	ADDRESS									
a. _____	_____									
b. _____	_____									
c. _____	_____									
29. WERE YOU EVER REFUSED ANY KIND OF VISA, OR DENIED ADMISSION INTO OR DEPORTED/REMOVED FROM THE PHILIPPINES AT GOVERNMENT EXPENSE? <input type="checkbox"/> YES (If yes, provide details) * <input type="checkbox"/> NO										
30. HAVE YOU EVER BEEN CHARGED OR CONVICTED OF ANY CRIMINAL OFFENSE IN ANY COUNTRY? <input type="checkbox"/> YES (If yes, provide details) * <input type="checkbox"/> NO										
31. DO YOU HAVE ANY COMMUNICABLE DISEASE OR HISTORY OF MENTAL ILLNESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide details) *										
32. VISA STATUS IN U.S. OR PLACE OF APPLICATION	33. ALIEN CERTIFICATE OF REGISTRATION NO.									
34. DATE OF APPLICATION		35. SIGNATURE OF APPLICANT								
36. VISA NO.										
37. VISA SHEET NO.										
38. DATE OF ISSUE / REFUSAL										
39. DATE OF EXPIRY										
40. VISA CLASSIFICATION Non-Immigrant under Section _____ of the Philippine Immigration Act of 1940 as amended.										
41. PURPOSE <input type="checkbox"/> BUSINESS <input type="checkbox"/> PLEASURE <input type="checkbox"/> OTHERS: _____										
42. NUMBER OF ENTRIES <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE 3/6 MONTHS <input type="checkbox"/> MULTIPLE 1 YEAR										
43. ANNOTATION <input type="checkbox"/> AUTHORIZED STAY NOT EXCEED 21 DAYS <input type="checkbox"/> AUTHORIZED STAY NOT EXCEED 59 DAYS <input type="checkbox"/> OTHERS: _____										
44. DATE OF RECEIPT OF APPLICATION										
RECEIVER	CASHIER	LOL								
PROCESSOR	SCRIPTER	ENCODER								
FEE	O.R. NUMBER	SERVICE NO.								
45. VISA APPROVED / DENIED BY										
46. DOCUMENT RELEASED TO										
47. PRINTED NAME AND SIGNATURE										
48. DATE RECEIVED										
49. MAIL/COURIER TRACKING NUMBER										

**APPLICATION SHALL BE COMPLETELY ACCOMPLISHED, ANSWERS TYPED OR PRINTED LEGIBLY AND ALL REQUIREMENTS SUBMITTED, OTHERWISE APPLICATION SHALL BE RETURNED UNPROCESSED.**

\* ADDITIONAL SPACE TO ANSWER NO. 29, 30 OR 31

36.

I understand that I may enter the Philippines at the port of entry designated by the Philippine Immigration Authorities under the conditions imposed by those authorities.

I solemnly swear under penalty of law that the foregoing statements are true and correct, and all supporting documents are authentic.

\_\_\_\_\_ **Date of Application**

\_\_\_\_\_ **Printed Name and Signature of Applicant**

**IMPORTANT: IF APPLICANT IS UNABLE TO APPLY IN PERSON, THIS FORM SHALL BE NOTARIZED.**

37.

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 200 \_\_\_\_\_  
at \_\_\_\_\_, the affiant exhibiting the following  
identification (type) \_\_\_\_\_ number \_\_\_\_\_,  
issued at \_\_\_\_\_, on \_\_\_\_\_.

\_\_\_\_\_ **NOTARY PUBLIC**

\_\_\_\_\_ **CONSUL**

**FOR OFFICIAL USE ONLY**