

## APPLICATION FOR NON-IMMIGRANT VISA

TWO (2)  
COLORED  
PASSPORT-SIZED  
PHOTOGRAPHS  
TAKEN RECENTLY

Surname		First Name		Middle Name	
Date of Birth	Age	Nationality	Place of Birth	Sex	
Civil Status Single [ ] Married [ ] Widowed [ ] Separated [ ] Divorced [ ]			Monthly Income		
If married, state name and address of spouse					

Father's Name	Nationality
Mother's Name	Nationality
Applicant's Address in Saudi Arabia	Address Since
Occupation	Telephone No.
Names and ages of children, if any	Email Address

Description of Passport or Travel Document		Valid Until	
No.	Issued by	Date of Issue	
Port of Entry	Purpose of Entry		Length of Stay

Other persons traveling with application under the same Passport or Travel Document
References in the Philippines (Name / Address / Contact Numbers)
References in Saudi Arabia (Name / Address / Contact Numbers)
Destination in the Philippines
Supporting documents offered for inspection in support of visa application

Have you been convicted of any crime? Yes [ ] No [ ] / If yes, please specify:
Do you have any communicable disease? Yes [ ] No [ ] / If yes, please specify:
Do you have a history of mental illness? Yes [ ] No [ ] / If yes, please specify:
Were you ever refused of any kind of Philippine visa, denied admission into or deported from the Philippines, and removed at government expense from the Philippines or any other country? Yes [ ] No [ ] / If yes, please state circumstances:

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

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

\_\_\_\_\_  
Date of Application Signature of Applicant

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_

(Seal) (Consul's Stamp)

(FOR OFFICIAL USE ONLY)

Non-Immigrant Visa No. \_\_\_\_\_ under Section \_\_\_\_\_ of the Philippine Immigration Act of 1940, as amended, is hereby issued to \_\_\_\_\_ on \_\_\_\_\_ and valid until \_\_\_\_\_

Remarks, if any: \_\_\_\_\_

Service No. \_\_\_\_\_  
O.R. No. \_\_\_\_\_  
Fee Paid \_\_\_\_\_

(Seal) (Consul's Stamp)