

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