



FOREIGN SERVICE OF THE PHILIPPINES
 Philippine Embassy, Berlin, Germany

**APPLICATION FOR QUOTA/NON-QUOTA
 IMMIGRANT VISA**

PASTE
 APPLICANT'S
 PHOTOGRAPH
 HERE

PLEASE TYPE OR PRINT ANSWERS LEGIBLY IN THE SPACES PROVIDED (IF NOT APPLICABLE WRITE N/A)

| | |
|------------|--|
| Surname | PASTE APPLICANT'S PHOTOGRAPH HERE |
| First Name | |

| | |
|-------------------------|-------------|
| Date and Place of Birth | Citizenship |
|-------------------------|-------------|

| | |
|--|---|
| Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
|--|---|

If married, state name and address of spouse:

| | |
|----------------|-----------------|
| Mobile Number: | e-mail Address: |
|----------------|-----------------|

| Names of Children | Dates of Birth of Children |
|-------------------|----------------------------|
| 1. | |
| 2. | |
| 3. | |

| Applicants address(es) for the last five (5) years | Inclusive Dates |
|--|-----------------|
| 1. | |
| 2. | |
| 3. | |

| | |
|---------------------|------------------|
| Current Occupation: | Inclusive Dates: |
|---------------------|------------------|

| | |
|---------------|---------------|
| Father's Name | Mother's Name |
|---------------|---------------|

Place where the applicant intends to reside in the Philippines:

| | |
|---------------------------|---------------------------------------|
| Occupation to be pursued: | Name and address of employer, if any: |
|---------------------------|---------------------------------------|

| References and/or immediate relatives in the Philippines | | |
|--|---------|--------------|
| Name | Address | Relationship |
| 1. | | |
| 2. | | |

| | | |
|--|---------------------------------|--------------------------------|
| Have you ever been institutionalized for any mental disorder? If yes, state when and where: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|---------------------------------|--------------------------------|

| | | |
|---|---------------------------------|--------------------------------|
| Do you have any physical defect? If yes, state nature of defect: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|---------------------------------|--------------------------------|

| | | |
|---|---------------------------------|--------------------------------|
| Have you ever been convicted? If yes, state when, where, and nature: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|---------------------------------|--------------------------------|

| | | |
|---|---------------------------------|--------------------------------|
| Are you afflicted with any contagious disease? If yes, state nature: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|---------------------------------|--------------------------------|

State the basis for your claim as: preference quota immigrant non-quota immigrant:

| | | |
|--|---------------------------------|--------------------------------|
| Were you ever refused a visa of any kind by any Philippine Diplomatic or Consular Post? If yes, state where, when and reason: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|---------------------------------|--------------------------------|

| | | |
|--|---------------------------------|--------------------------------|
| Were you ever refused any kind of Philippine visa, denied admission into, or deported from the Philippines and/or removed at government expense from the Philippines and/or other countries? If yes, state circumstances: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|---------------------------------|--------------------------------|

I understand that I may enter the Philippines at the Port of Entry designated by 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

Signature of Applicant

SUBSCRIBED AND SWORN TO before me this ____ day of _____ 20__ at the Philippine Embassy in Berlin, Germany.

(seal)

Consul of the Republic of the Philippines

FOR OFFICIAL USE ONLY

Immigrant Visa Number: _____

Quota Immigrant Number: _____

Non-Quota Immigrant under Section 13 (____) of the Philippine Immigration Act of 1940, as amended.

Issued on _____ and valid until _____.

Bearer has the following travel document:

Type: _____
Number: _____
Date of Issue: _____
Valid Until: _____
Issued by: _____

(seal)

Consul of the Republic of the Philippines

Service No: _____
O.R. No: _____
Date paid: _____
Fee paid: €135,00
L O L: _____