

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



Foreign Service of the Philippines  
 Philippine Embassy/Consulate, **Jakarta, Indonesia**  
**APPLICATION FOR NON-IMMIGRANT VISA**

FA Form No.2

**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		First name		Applicant's Passport-size Photograph taken within the last 6 months  <b>DO NOT STAPLE</b>	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship		Date of Birth (dd/mm/yy)		
Place of Birth	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married		Name of spouse: _____		
Age					
Contact No.					
Home Address					
Occupation		Office of Employment and Address			
Father's Name		Mother's name			
Name and ages of Children, if any:					
Passport No.	Issued by:	Date of Issue (dd/mm/yy)	Valid Until (dd/mm/yy)		
Purpose of Entry: <input type="checkbox"/> Leisure <input type="checkbox"/> Wellness		<input type="checkbox"/> Business <input type="checkbox"/> Official Business	Others: _____		
Port of Entry		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"/> Travel Itinerary <input type="checkbox"/> National ID <input type="checkbox"/> Others (please specify) _____					
<i>Please answer the following questions:</i>				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 or served as a Foreign Agent of a foreign government? If yes, state the circumstances. _____					

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

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

Date: \_\_\_\_\_ (dd/mm/yyyy)

\_\_\_\_\_  
Name and Signature of Applicant

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