



PHILIPPINE CONSULATE GENERAL

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Applicant's
 2" x 2"
 Signed
 Photograph
 Must be taken within the
 last 6 months

APPLICATION FOR IMMIGRANT VISA: QUOTA NON-QUOTA

Surname			First Name			Middle Name		
DATE OF BIRTH	Month	Day	Year	Place of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
CIVIL STATUS	<input type="checkbox"/> Single			<input type="checkbox"/> Married		<input type="checkbox"/> Widowed		<input type="checkbox"/> Separated

IF MARRIED:
 Name of spouse: _____
 Address of spouse: _____
 Telephone Number: _____

APPLICANT'S ADDRESS(ES) FOR THE PAST FIVE (5) YEARS:

OCCUPATION: _____ SINCE: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

PLACE WHERE APPLICANT INTENDS TO SETTLE: _____

OCCUPATION TO BE PURSUED: _____

NAME AND ADDRESS OF EMPLOYER IN THE PHILIPPINES, IF ANY: _____

NEAREST RELATIVE(S) IN THE PHILIPPINES:
 Name: _____ Relationship: _____ Address: _____ Tel. No. _____

INSTRUCTIONS: This information should be filed in DUPLICATE. The original to be given to the applicant and the duplicate to be filed at the Consulate.

HAVE YOU EVER BEEN INSTITUTIONALIZED FOR ANY MENTAL DISORDER? No Yes (State when & where) _____

DO YOU HAVE A PHYSICAL DEFECT? No Yes (State nature) _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? No Yes (State when, where & nature) _____

ARE YOU AFFLICTED WITH ANY CONTAGIOUS DISEASE? No Yes (State nature) _____

ON WHAT BASIS DO YOU CLAIM TO BE A Preference Quota Immigrant Non-Quota Immigrant

STATE FACTS ON WHICH YOU BASE YOUR CLAIM: _____

HAVE YOU EVER BEEN REFUSED A VISA OF ANY KIND AT A PHILIPPINE DIPLOMATIC OR CONSULAR OFFICE, OR BEEN DENIED ADMISSION INTO THE PHILIPPINES, OR BEEN DEPORTED OR REMOVED AT GOVERNMENT EXPENSE FROM THE PHILIPPINES? No Yes (State circumstance)

I understand that I may only enter the Philippines at a port of entry designated by the Philippine Immigration authorities and with the permission of and under the conditions, including the giving of bond, imposed by these authorities.
 I solemnly swear that the foregoing statements are true to the best of my knowledge and belief.

Signature of Applicant

DO NOT WRITE BELOW THIS LINE - FOR USE OF THE PHILIPPINE CONSULATE GENERAL ONLY

Subscribed and sworn to before me this _____ day of _____ at _____.
 O.R. No. _____
 Service No. _____
 Fee _____

 REPUBLIC OF THE PHILIPPINES

Philippine Immigrant Visa No.: _____ Quota Immigrant Non-Quota Immigrant under section _____ of the Philippine Immigration Act of 1940 as amended
 Quota No. _____ on (date) _____ valid until _____
BEARER HAS THE FOLLOWING TRAVEL DOCUMENT
 Type: _____ No. _____ Date of Issue: _____
 Issued by: _____ valid until _____
 O.R. No. _____
 Service No. _____
 Fee _____

 REPUBLIC OF THE PHILIPPINES

Requirements:

1. Attached FA Form No. 3 (Revised 1981) duly accomplished.
2. Valid Passport
3. Four (4) 2"x2" passport pictures signed across the bottom front.
4. FA Form No. 11 (attached), Medical examination report including HIV test.
5. Chest X-Ray Plate or in CD format, to be presented to the Philippine Immigration authorities at port of entry (taken within the last six months). The plate/CD must be sealed by the Philippine Consulate General.
6. Police Clearance from RCMP.
7. Birth Certificate.
8. Marriage Certificate (if applicable)
9. Travel Document (Passport) of Spouse.
10. Evidence of financial support, i.e. letter from the company sponsoring the trip, financial assets, certificate from the bank, etc.
11. Fee: C\$217.50 per applicant (non-refundable, cash or money order only).
12. Philippine passport of wife or husband; or original copy of birth certificate.
13. Certificate of Canadian Citizenship.
14. Personal interview of applicant.
15. Affidavit stating that applicant(s) intends to reside permanently in the Philippines with the supporting documents such as land titles and other evidence of ownership being disposed of in the country of where he/she is a citizen/resident of – must be duly executed before a notary public in the province of applicant's residence.
16. If you are bringing a motor vehicle, please secure a license to import from the Philippine Department of Trade Office. Other requirements will apply.
17. Other documents deem necessary by the Consular Officer.



REPUBLIC OF THE PHILIPPINES
Department of Foreign Affairs

Photo (2" x 2")

PHILIPPINE CONSULATE GENERAL VANCOUVER, BC, CANADA

MEDICAL EXAMINATION FOR VISA APPLICANT (9F, 9G, Immigrants)

At the request of the Philippine Consulate General, Vancouver, BC, I certify that on _____ (date of examination) at _____ (place of examination), I examined

NAME:			Birth Date:		
Surname		First Name	Middle Name	MM / DD / YYYY	
Sex:	Age:	Citizenship:	Passport No.:	National ID No.:	

Philippine Address: _____
 Foreign Home Address: _____
 Contact No. (Tel/email address): _____
 School Name (if applicable): _____
 School Address (if applicable): _____

and that under the Philippine Immigration Regulations, the applicant should be classified as follows (check the appropriate class):

Class A	<u>Dangerous and/or Contagious Diseases</u> Active Pulmonary Tuberculosis and Infectious Sexually Transmitted Disease i.e., Syphilis
	<u>Serious Mental Disorder</u> Uncontrolled Psychosis: Violent Aggressive, homicidal, suicidal patients; Severe Mental Retardation; Anti-social Personality Disorder; Uncontrolled Grand Mal Epilepsy, Substance Related and Addictive Disorders; Paraphilias
Class B	Physical defects, disease or disability serious in degree or permanent in nature that will impair patient's ability to earn a living as to make them likely a public charge
Class C	Minor Conditions

MEDICAL RECORDS

1. Pertinent Medical History

2. Significant finding on Physical Examination:

Not physically and mentally defective or diseased

* Chest X-ray original Report X-Ray film or CD (Age: 11 years and above except pregnant)
 * Laboratory Examinations (Attach original laboratory reports)*
 a. Blood Serology: RPR/VDRL (Age: 15 years and above)
 b. Urinalysis (Microscopic): Age 1 year and above
 c. Stool (OVA and Parasite): Age: 1 year and above
 d. Other examination(s) if necessary: Malaria Test
 Other requirements like vaccinations, etc.: Yellow Fever, Polio
 * **X-ray and Laboratory examinations should be within the six months validity period**

Name of Examining Physician _____ (Clinic/Hospital)

FOR PHILIPPINE OFFICIAL USE ONLY

BUREAU OF QUARANTINE

Alien Status: _____
 Date of Arrival: _____
 Conveyance: _____
 Date Examined: _____
 Medical Officer: _____