

## AFFIDAVIT OF DENIAL

I, \_\_\_\_\_, with current residence at \_\_\_\_\_

Full Name

Address

and with vital details as follows:

Date of Birth: \_\_\_\_\_, Place of Birth: \_\_\_\_\_ Civil Status \_\_\_\_\_

and holder of \_\_\_\_\_ Passport No. \_\_\_\_\_ issued on \_\_\_\_\_ issued at \_\_\_\_\_

after being sworn to in accordance with the law, hereby depose and state:

1. That I am applying for: ( ☐ )landed immigrant in Canada; ( ☐ )Canadian citizenship; ( ☐ )Others (*pls specify*) \_\_\_\_\_, and in the process, I am required to submit an overseas police clearance from the National Bureau of Investigation of the Philippines in Manila;
2. That in compliance with the requirements of the \_\_\_\_\_ Immigration, I submitted my application for NBI in the Philippines;
3. That the NBI Office in Manila has advised me that said Office could not issue the required clearance in view of the appearance of name/s similar to my name in the NBI file database involving in \_\_\_\_\_;  
\_\_\_\_\_;
4. That I am executing this Affidavit to attest to the foregoing facts and to deny categorically and specifically under oath that I am not the same person mentioned in the docket/files of the NBI with the said derogatory/civil/criminal records;  
Indicate case/s filed against said person bearing similar name
5. That in view of the foregoing explanation, I am requesting the NBI Office to issue the appropriate police clearance in my favor for compliance with the certain requirements as stated above.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ in Vancouver, British Columbia, Canada.

Signature over Printed Name

Passport/ID No. \_\_\_\_\_

Issued on \_\_\_\_\_

Issued at \_\_\_\_\_

**CONSULATE GENERAL OF THE REPUBLIC OF THE PHILIPPINES**  
**CONSULAR SECTION**  
**VANCOUVER BRITISH COLUMBIA, CANADA**

**SUBSCRIBED AND SWORN TO** before me, this \_\_\_\_\_ at the Consulate General of the Republic of the Philippines in Vancouver, British Columbia, Canada, affiant exhibiting the Passport/ID indicated above.

Doc No : \_\_\_\_\_  
Fee Paid : C\$ 38.75  
Service No. : \_\_\_\_\_  
O.R. No. : \_\_\_\_\_  
Series of 20\_\_\_\_\_