FA-FORM NO. 3 (REVISED DECEMBER 2015)

PHILIPPINE CONSULATE GENERAL
999 Canada Place, Suite 660
Vancouver, BC, V6C3E1
Tel. No. (604) 685-1619
Fax No. (604) 685-9945
E-mail: vancouverpcg@telus.net Website: www.vancouverpcg.org

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: ☐ Male ☐ Female
CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ 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 ☐ Quota No. _____ ☐ Non-Quota Immigrant under section ____ of the Philippine Immigration Act of 1940 as amended

Issued to: _____ on (date) _____
Nationality: _____ valid until _____

BEARER HAS THE FOLLOWIONG TRAVEL DOCUMENT

Type: _____ No. _____ Date of Issue: _____
Issued by: _____ valid until _____

O.R. No. _____
Service No. _____
Fee _____

_____
REPUBLIC OF THE PHILIPPINES

13A Visa Requirements

1. Attached FA Form No. 3 (Revised 1981) duly accomplished.
2. Valid Passport original and photocopy
3. Four (4) 2”x2” passport pictures signed across the bottom front.
4. FA Form No. 11 (attached), Medical examination report including HIV test to be notarized by a notary public.
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 to be Apostilled by competent authorities in Canada.
7. Birth Certificate from the vital statistics office of the province where the applicant was born and to be Apostilled by competent authorities in Canada.
8. Marriage Certificate, if married in the Philippines, original PSA (Philippine Statistics Authority) copy. If married in Canada, Marriage Certificate from the vital statistics office of the province where the applicant was married and to be Apostilled by competent authorities in Canada.
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. Philippine passport of wife or husband; or original copy of Philippine birth certificate.
12. Certificate of Canadian Citizenship of Filipino spouse (if applicable).
13. Personal interview of applicant.
14. 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.
15. If you are bringing a motor vehicle, please secure a license to import from the Philippine Department of Trade Office. Other requirements will apply.
16. Other documents deemed necessary by the Consular Officer.
17. All original documents should be presented and three (3) photocopies of each are to be submitted to the Consular Officer.
18. Fee: C$232.50 per applicant (non-refundable, cash or money order payable to “**CONSULATE GENERAL OF THE PHILIPPINES**” only).

FA Form No.11
Revised 2015

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	**Dangerous and/or Contagious Diseases** Active Pulmonary Tuberculosis and Infectious Sexually Transmitted Disease i.e., Syphilis **Serious Mental Disorder** 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: