



**PHILIPPINE CONSULATE GENERAL**

999 Canada Place, Suite 660  
 Vancouver, BC, V6C3E1  
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 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
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DATE OF BIRTH	Month	Day	Year	Place of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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CIVIL STATUS	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated
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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.
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**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

Issued to: \_\_\_\_\_ on (date) \_\_\_\_\_  
 Nationality: \_\_\_\_\_ 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 Machine Readable 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\$202.50 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):

<b>Class A</b>	<b>Dangerous and/or Contagious Diseases</b> Active Pulmonary Tuberculosis and Infectious Sexually Transmitted Disease i.e., Syphilis
	<b>Serious Mental Disorder</b> Uncontrolled Psychosis: Violent Aggressive, homicidal, suicidal patients; Severe Mental Retardation; Anti-social Personality Disorder; Uncontrolled Grand Mal Epilepsy, Substance Related and Addictive Disorders; Paraphilias
<b>Class B</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
<b>Class C</b>	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: \_\_\_\_\_