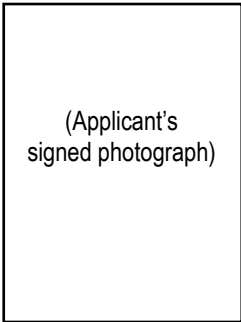


FOREIGN SERVICE OF THE PHILIPPINES  
 Philippine Consulate General  
 Frankfurt, Germany



(Applicant's signed photograph)

**APPLICATION FOR QUOTA / NON-QUOTA IMMIGRANT VISA**

Instructions : This form should be accomplished in duplicate, the original to be given to the applicant and the duplicate to be filed at the Post.

1. Surname	2. First Name	3. Middle Name	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
5. Date of Birth (Day-Month-Year)		6. Citizenship	
7. Place of Birth	Contact details : Mobile number :	email address:	
8. Civil Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
9. If married, state name and address of spouse			
10. Names and dates of birth of children 1. 2. 3.			
11. Applicant's address(es) for the last 5 years 1. Since : 2. Since : 3. Since :			
12. Occupation			Since :
13. Father's Name		14. Mother's Name	
15. Place where the applicant intends to reside in the Philippines			
16. Occupation to be pursued :  Name and address of employer, if any :			
17. Nearest relatives in the Philippines			
	Name	Address	Relationship
1.			
2.			
18. Have you ever been institutionalized for any mental disorder?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state when and where:			
19. Do you have any physical defect?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state nature of defect:			
20. Have you ever been convicted of any crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state when, where, and nature:			
21. Are you afflicted with any contagious disease?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state nature:			

22. State the basis for your claim as  preference quota immigrant  non-quota immigrant :

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23. Were you ever refused a visa of any kind by any Philippine diplomatic or consular Post?  Yes  No  
 If yes, state where, when and reason:

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24. Were you ever refused any kind of Philippine visa, denied admission into or deported from the Philippines, and/or removed at government expense from the Philippines and/or other countries?  Yes  No  
 If yes, state circumstances:

***I understand that I may enter the Philippines at the Port of Entry designated by Philippine immigration authorities and under the conditions imposed by those authorities.***

***I SOLEMNLY SWEAR that the foregoing statements are true to the best of my knowledge.***

.....  
**Date**

.....  
**Signature of Applicant**

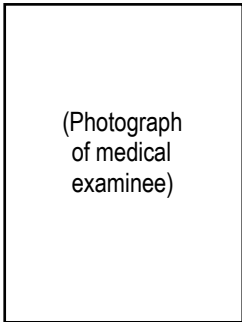
*SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at the Philippine Consulate General, Frankfurt, Germany.*

Doc. no.: \_\_\_\_\_  
 Book no.: \_\_\_\_\_  
 Page no.: \_\_\_\_\_  
 Series of: \_\_\_\_\_  
 Service no.: \_\_\_\_\_  
 O.R. no.: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Fee paid: \_\_\_\_\_

(Seal) .....  
 Consul of the Republic of the Philippines

(For Official Use Only)	
Immigrant Visa no. _____	
<input type="checkbox"/> Quota Immigrant no. _____	
<input type="checkbox"/> Non-Quota Immigrant under Section _____ of the Philippine Immigration Act of 1940, as amended. Issued on _____ and valid until _____.	
Bearer has the following travel document:	
Type: _____	No.: _____
Date of Issue: _____	
Issued by: _____	
Valid until: _____	
Service no.: _____ O.R. no.: _____ Date: _____ Fee paid: _____	
(Seal)	..... Consul of the Republic of the Philippines

FOREIGN SERVICE OF THE PHILIPPINES  
 Philippine Consulate General  
 Frankfurt, Germany



**MEDICAL EXAMINATION FOR VISA APPLICANTS**

At the request of the Philippine Consulate General, Frankfurt, Germany, I certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ I examined:

.....  
 (First Name) (Middle Name) (Surname)  
 \_\_\_\_\_ (Age) \_\_\_\_\_ (Sex) \_\_\_\_\_ (Citizenship) and that under the

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

<input type="checkbox"/>	<b>A.</b> Idiots, insane person, person who had been insane, person afflicted with epilepsy or loathsome or dangerous contagious disease such as: tuberculosis, venereal disease, trachoma, ringworm of scalp, nail or beard, actinomycosis, favus blastomycosis, mycetoma, leprosy, yaws, amebiasis, leishmaniasis, filiarisis, schistosomiasis, paragonomiasis.
<input type="checkbox"/>	<b>B.</b> If not Class A: Persons having diseases or defects that will impair their ability to earn a living as to make them likely to be a public charge.
<input type="checkbox"/>	<b>C.</b> Persons having diseases or defects that do not come under Class A or B.
<input type="checkbox"/>	<b>D.</b> Not physically or mentally defective or diseased.

**MEDICAL RECORD**

1. Pertinent health information (Medical History):
2. Significant findings on physical examination:
3. Laboratory examinations (ATTACH LABORATORY RESULTS):
  - A. Stool
  - B. Urine
  - C. Blood Khan
  - D. Other examination indicated
4. CHEST X-RAY REPORT
5. REMARKS

.....  
 (Name and Signature of Examiner)

.....  
 (Hospital)