FA FORM NO. 2-A

FOREIGN SERVICE OF THE PHILIPPINES
1600 Massachusetts Avenue, NW
Washington, D.C 20036
Tel. No.: (202) 467-9300

APPLICATION FOR VISA

(APPLICANT'S SIGNED PHOTOGRAPH) (2 x 2)

Surname	First Name	Middle Name	Sex ☐ Male ☐ Female

Date of Birth	Place of Birth	Citizenship

MARITAL STATUS ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

If married, state name and address of spouse:

PRESENT ADDRESS:

TELEPHONE NUMBERS:
Residence ( ) _____ Work ( ) _____

OCCUPATION:

PLACE OF EMPLOYMENT:

PASSPORT NO. : DATE OF ISSUE:
VALID UNTIL : ISSUED BY :

PURPOSE OF ENTRY: _____

PORT OF ENTRY : _____ DATE OF DEPARTURE _____ LENGTH OF STAY: _____

REFERENCES AND/OR IMMEDIATE RELATIVES IN THE PHILIPPINES:

NAME	ADDRESS

_____ _____
SIGNATURE OF APPLICANT DATE

FOR OFFICIAL USE ONLY

VISA NO. _____ GRANTED ON: _____

Non-immigrant under Section 9 (A) of the Philippine Immigration Act of 1940 as amended, valid until _____

_____
CONSUL

PASSPORT RECEIVED BY: _____ _____
Printed Name Signature

DATE RECEIVED : _____