



**Foreign Service of the Philippines
Philippine Embassy in Tel Aviv, Israel**

Application for Non-Immigrant Visa

Number of Entries
Requested

- Single
 Multiple

Please provide requested information. Answers must be in English, legibly in BLOCK letters. Use BLUE or BLACK PEN and write "N/A" if not applicable.

Surname		First name		Applicant's passport-size photograph taken within the last 6 months Do not staple	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married Name of spouse _____			
Place of Birth					
Date of Birth (dd/mm/yyyy)	Age				
Contact Number:	Occupation:				
Home Address:					
Office of Employment and Address:					
Father's Name		Mother's Name			
Name and ages of Children, if any: (use separate page if necessary)					
Passport No.	Issued by:	Date of Issue (dd/mm/yyyy)	Valid Until (dd/mm/yyyy)		
Port of Entry	National ID No.	Destination after the Philippines (if applicable)			
Purpose of Entry: <input type="checkbox"/> Leisure <input type="checkbox"/> Wellness <input type="checkbox"/> Business <input type="checkbox"/> Official Business <input type="checkbox"/> Others: _____		Length of Stay in the Philippines _____ days	List of Documents Submitted: <input type="checkbox"/> Original Passport <input type="checkbox"/> National ID <input type="checkbox"/> Proof of Financial Capacity	<input type="checkbox"/> Invitation Letter <input type="checkbox"/> Air Ticket <input type="checkbox"/> Others: _____	
Please answer the following questions:				Yes	No
Have you ever been issued a Philippine Visa?					
Do you have a sponsor in the Philippines Name: _____ Contact Number: _____					
Were you ever been refused any kind of Philippine visa before and denied admission in the Philippines? If yes, state circumstances: _____					
Have you ever been afflicted with a communicable or mental disease of public health significance, dangerous physical or mental disorder, or been a drug abuser or addict? If yes, state circumstances: _____					
Have you previously worked or do you intend to work in the Philippines? If yes, please provide details: _____					
Do you have any communicable or other disease of public health significance, dangerous physical or mental disorder, or been a drug abuser or addict: If yes, please provide details: _____					
Have you ever been arrested or convicted of any offense or crime, even though subject of a pardon, amnesty, or other legal action in the Philippines or any other country? If yes, state circumstances: _____					
Have you ever served in the military or served as a Foreign Agent of a foreign government? If yes, state circumstances: _____					

I understand that I may enter the Philippines at the Post of Entry designated by the Philippine Immigration Authorities and under the condition imposed by those authorities.

I solemnly swear that the foregoing statements are true to the best of my knowledge.

Visa is privilege, not a right. Visa issuance does not guarantee entry to the Philippines.

Date (dd/mm/yyyy)

Name and Signature of Applicant

O.R. No	(seal) _____ Consul of the Republic of the Philippines
Fee:	
SN:	