FA Form No.-2 (Revised 2000)

(Applicant's Signed Photograph)

Foreign Service of the Philippines Philippine Embassy, Riyadh, K.S.A.

APPLICATION FOR NON-IMMIGRANT VISA

Surname	First Name	Middle Name	Sex: [] Male [] Female
Date of Birth:		Citizenship) :
Place of Birth:			
Civil Status: [] Single	[] Married [] Wie	dowed [] Separated	[] Divorced
If married, state name an			
Applicant's Address:		<u>.</u>	· · · · · · · · · · · · · · · · · · ·
Occupation:		Since:	
Telephone No:			
Name's and ages of Child	Iren, if any:		
Father's Name:	M	lother's Name:	
Description of Passport of TypeNo	Issued by:		
Date of Issue	vana untii		
Port of Entry:	Purpose of Entr	y:Lengi	th of Stay
Other persons traveling wit	h application under th	e same Passport or Tra	vel Document:
Address in the Philippines:			
	!	:	
Reference in the Philippine Name 1.		Address	
^			
Destination in the Philippin	es:		
Supporting documents sub-	mitted and offered for	inspection in support of	visa application:
Have you been convicted of If yes, provide details:	any crime? [] YES []	NO	

(Seal)	•
(C. 1)	
Remarks, if any:	
Service No OR. No Fee Paid	
Sarvica Na	
Act of 1940, as amended issued to and valid un	til
Non-Immigrant Visa No under Section Act of 1940, as amended issued to	
(For Official Use Only)	
	Consul of the Republic of the Philippines
(Seal)	
SUBSCRIBED AND SWORN to before me this_	day of
	(Signature of Applicant)
Date:	
D. (
solemnly swear that the foregoing that the foregoing	statements are true to the best of my
understand that I may enter the Philippines at the Po Philippine Immigration Authorities and under the con	ort of Entry designated by the aditions imposed by those authorities
rom the Philippine and removed at government expercountries? If Yes, state circumstances:	ise from the 1 imppines and other
Were you ever refused of any kind of Philippine visa,	denied admission into or deported
f yes, provide details:	[] 140
Do you have a history of mental illness: [Yes	LLNa